Statement to the Subcommittee on Human Resources, House Committee on Ways and Means on Discussion Draft to Reauthorize TANF

# Comments on the House Ways and Means TANF Reauthorization Discussion Draft

**Robert Doar**, Morgridge Fellow in Poverty Studies, AEI

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American Enterprise Institute

July 24, 2015

*The views expressed in this document are those of the authors alone and do not necessarily represent those of the American Enterprise Institute.*

Thank you for the opportunity to comment on the House Ways and Means discussion draft to reauthorize the Temporary Assistance for Needy Families (TANF) program. This statement represents our personal views and is based on our combined experience administering and now studying welfare programs in the United States. Collectively, we bring extensive and varying experience with the TANF program, including how it works and what improvements can be made.

First, we believe PRWORA and the creation of the TANF program was a success. It transformed the relationship between low-income, mostly unmarried-mother families and the government programs designed to help them. By shifting from an entitlement program to a block grant, TANF provides states with a great deal of flexibility to design programs that meet the needs of their low-income residents, while making it clear that work is the best way out of poverty. The program's work requirements and emphasis on reducing government dependency make it clear that welfare policy in the U.S. centers on work, while providing support to help people find and sustain employment.

The result of this historic shift in policy was overwhelmingly positive. Welfare caseloads declined as unmarried mothers increased their labor force participation and employment rates. According to data from the Current Population Survey (CPS), labor force participation among never-married mothers in the U.S. increased from 59.9 percent in 1995 (the year before PRWORA was passed) to a peak of 73.8 percent in 2001. Although the strong economy of the late 1990s played an important role, labor force participation among this group was still 69.9 percent in 2013. This increase in labor force participation led to substantial declines in the official measure of poverty among never-married mothers. In 1995, the poverty rate among this group was 51 percent. By 2001 it declined to 38.5 percent and even after the Great Recession, the poverty rate among never-married mothers remains below that of 1995 (43 percent in 2013).[1]

Though TANF was largely a success, it can still be improved. We welcome the opportunity to comment on the House Ways and Means discussion draft. Although we support many of the proposed reforms, our main concerns are outlined below, followed by recommendations for consideration.

- **Elimination of the distinction between core and non-core activities**

We believe that the proposal to eliminate core and non-core activities will reduce the focus on work. This focus has been central to increasing employment and reducing dependence among TANF recipients since the passage of PRWORA. Currently, recipients of ongoing TANF assistance with children under 6 are required to participate in at least 20 hours of work-related activity per week and recipient families with older children are required to participate in at least 30 hours of work-related activity per week. The first 20 hours must be in core activities, which include

[1] Based on author calculations using data from the Current Population Survey, Annual Social and Economic Supplement (ASEC).

subsidized and unsubsidized employment, work experience programs, on-the-job training, community-service programs, vocational education (but only for 12 months lifetime), and job search and job readiness training for up to 6 weeks per year but for no more than 4 consecutive weeks (12 weeks in poor economic times). Non-core activities include education and training directly related to employment, as well as job search and job readiness once the 6 week limit (or 12 week limit) is reached.

We believe that the elimination of core and non-core activities shifts the focus of TANF away from a work-first model. The proposed change will make it easier for states to engage TANF recipients in education and job readiness training for longer periods of time. This concerns us mainly because an education-focused approach has been shown to be less effective than a work-first approach at increasing employment, earnings, and reducing welfare receipt.[2] We understand that limits on activities are included in the discussion draft, but even with these limits, states will be allowed to more easily shift to an education-focused approach over a work-first approach.

Because of these concerns, we recommend that the distinction between core and non-core activities be maintained. Some states may have requested more flexibility in determining activities, but we believe the potential negative consequences outweigh the interest in increasing operational flexibility.

- **Allowing secondary education and vocational education for longer periods of time**

We also believe that the expansion of allowable educational activities (i.e., for recipients placed in secondary education/equivalent up to age 26 and vocational education for 24 months) will diminish the program's effectiveness in increasing employment among TANF recipients.

Evaluation evidence and educational achievement data show that rates of completion in these programs are low. For example, the NEWWS found that few welfare-to-work program participants who entered these programs actually obtained their general education degree (GED).[3] The NEWWS cost/benefit analysis found that mandatory GED and adult education programs failed to increase income over control groups and were not cost effective for the government.[4] In terms of vocational education, federal government data show that less than 30 percent of first-time degree and certificate seeking students at 2-year colleges actually complete their program.[5]

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[2] See Hamilton, G. et al (2001), National Evaluation of Welfare-to-Work Strategies, How Effective Are Different Welfare-to-Work Approaches? Five-Year Adult and Child Impacts for Eleven Programs http://www.mdrc.org/sites/default/files/full_391.pdf
[3] Ibid.
[4] Greenberg, D., Deitch, V. and Hamilton, G, (2009). Welfare-to-Work Program Benefits and Costs, A Synthesis of the Research, http://www.mdrc.org/sites/default/files/full_611.pdf.
[5] See data from the National Center for Education Statistics, http://nces.ed.gov/programs/coe/indicator_cva.asp

We agree that education credentials can be beneficial, but without stronger evidence that these programs result in positive outcomes for TANF participants, we urge the subcommittee to reconsider.

- **Outcome measures**

We support an increased focus on outcome measures, but we do not believe outcome measures can fully counter-balance the elimination of core and non-core activities. We prefer that core and non-core activities be maintained, along with the introduction of outcome measures.

We suggest replacing the earnings growth measure with a job placement measure. The earnings growth measure is problematic because TANF agencies have little control over wages once a person leaves TANF, and because wages are unlikely to increase in such a short time period. The remaining outcome measures hold states accountable for employment among people who leave TANF, which is positive, but offer little accountability for states to initially place people into employment. We understand that the measures are used in the WIOA program, but WIOA is different than TANF because it does not provide an ongoing benefit.

A job placement measure would hold states accountable for moving people from TANF to work. Defined as the number of TANF recipients in a given quarter that obtained unsubsidized employment as a percentage of the total number of TANF recipients subject to work requirements (with appropriate exclusions), it is different than the percentage of former TANF recipients who are employed 2 quarters after exit. A job placement measure, defined this way, will have the dual incentive of keeping caseloads low and encouraging job placements. The legislation should allow the Secretary of DHHS enough flexibility in setting the job placement measure that appropriate exclusions for who is counted are possible. Data sources, such as the new hire database, should make calculation of this measure possible at the state level.

We also caution the subcommittee on how they legislate the targets. We recommend a more data-driven approach similar to what the Department of Labor requires for WIOA.[6] States should be required to present a data-driven methodology that specifies how and why they selected the proposed targets. We also urge the subcommittee to consider how the business cycle will affect the outcome measures and provide states with enough flexibility in the legislation to allow them to request exceptions if their targets are missed due to economic circumstances over which they have little control.

- **Verification of activities**

We believe (especially if core and non-core activities are eliminated) that any softening of verification requirements will lead to less employment and increased dependency. In our

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[6] See page 10 for a discussion of negotiating WIOA performance targets, http://wdr.doleta.gov/directives/attach/TEGL/TEGL_30-14.pdf.

experience, the requirement to participate in activities and to have that participation rigorously tracked was a key driver of increased employment among TANF recipients. We understand the administrative burden this may place on some states, but we believe the necessity of ensuring that recipients engage in the required number of hours outweighs these concerns.

- **Review of Individual Opportunity Plans**

Conceptually, we agree that Individual Opportunity Plans and the process described in the discussion draft can be useful for some TANF participants. However, we believe that specific details regarding the plan's structure, how often it must be reviewed, and who receives it, should be determined by the states. Without flexibility at the state level, it could result in bureaucratic overreach from DHHS into how state TANF programs are administered.

Additionally, if the requirement for Individual Opportunity Plans as written is maintained, we believe states may be left open to legal action from private entities. Although we prefer an alternative that provides states with more flexibility, if the requirement is included as written, we suggest adding language that bars, in association with these plans, private right of action, damages, and remedies against the state.

***Additional Items for Consideration***

We are in alignment with the subcommittee's discussion draft in several areas, though we also recommend several changes that could strengthen it.

- **Work participation rate**

We support returning the work participation rate to a real requirement. However, if the caseload reduction credit is eliminated, we would prefer some emphasis on decreasing dependency (and thus caseloads) in other parts of the bill. An outcome measure on job placements (as proposed above) and job retention could accomplish this goal. We also support the ability of states to receive partial credit for individuals who have some, but not all, of the required hours.

- **Demonstration projects**

Another positive addition is the availability of funding for demonstration projects with rigorous evaluation requirements. This will greatly advance knowledge in the field. However, because a large federal evaluation of subsidized jobs programs is currently ongoing[7], a demonstration project that aims to increase the use of quality child care for TANF recipient families is preferred over subsidized jobs.

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[7] The Administration for Children and Families is currently sponsoring a multi-year, multi-site study of subsidized and transitional employment for low-income populations, http://www.acf.hhs.gov/programs/opre/research/project/subsidized-and-transitional-employment-demonstration-sted.

In addition, we prefer even stronger language on the desire to use random assignment experiments. We understand that random assignment may not always be possible, but in our experience it could be used much more widely at the state level and it may require legislation to ensure this happens. There is a great deal of expertise in the field to help states conduct random assignment experiments. Cost and small sample sizes should not be sufficient reasons for not doing random assignment experiments, and demonstration projects should be designed accordingly.

- **What Works Clearinghouse**

A welcome addition is also the creation of the What Works Clearinghouse. However, more emphasis is needed on encouraging states to utilize evidence-based programs in their welfare-to-work programs more broadly (not just the demonstration projects). For example, instead of eliminating core and non-core activities, states could be allowed to count job readiness or education/training activities for longer periods of time if the state is using an evidence-based program.

- **Fiscal requirements**

We fully support strengthening the TANF fiscal requirements.

- **Healthy marriage and fatherhood programs**

We support the grants for healthy marriage and fatherhood programs, as well as the requirement for a rigorous evaluation. We recommend language that requires a random assignment evaluation unless the Secretary determines it is not possible. States should be required to do a random assignment experiment unless they can make a strong case against it.

- **Eliminating the marriage penalty in the 2-parent work participation rate**

We support eliminating the higher work participation rate for 2-parent TANF families.

- **Cap on educational activities**

We believe that the 30 percent cap on the percentage of recipients who can be engaged in full-time vocational education activities should be maintained. This will incentivize states to only allow those who are making significant progress toward a degree or certificate to be engaged in vocational education activities.

- **Creating a floor on the share of TANF funds for child care, cash assistance, and work activities**

With the caveat that it should not shift the focus away from employment, we favor providing states with maximum flexibility in allocating their TANF funds to the activities and programs they deem most effective and valuable.

- **Retroactive penalties / corrective action plans / statute of limitations**

Language in the bill is needed to address how current work participation rate penalties and corrective action plans will be addressed moving forward. Will states be given a fresh start, or will states still be at risk for failing to meet requirements for past years under the former law?

We also recommend that language be inserted into the bill that requires the Secretary of DHHS to transmit the work participation rates back to the states in a timelier manner. Currently, there is a 2 to 3 year delay in the official transmittal of work participation rates back to the states. This should be shortened to 6 months following submittal of work participation rate data by the states. In addition, there is also currently no statute of limitations that is applied to ACF's ability to investigate and impose penalties. We recommend requiring DHHS to reimburse states for costs incurred if the failure to meet the work participation rate is not resolved within 2 years after the official work participation rates are posted. It is difficult for states (especially when administrations change) to address these issues many years after the initial violation takes place. The federal agency should be held accountable for resolving these issues in a timely fashion.

Again, thank you for the opportunity to comment.

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large federal evaluation of subsidized jobs programs is currently ongoing[7], a demonstration project that aims to increase the use of quality child care for TANF recipient families is preferred over subsidized jobs.

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Again, thank you for the opportunity to comment.

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| **From:** | Nicole Truhe |
| **To:** | Submissions, Ways and Means |
| **Cc:** | Nicole Truhe |
| **Subject:** | America Forward Comments on Welfare Reform Proposal |
| **Date:** | Friday, July 17, 2015 1:31:12 PM |
| **Attachments:** | July 2015 America Forward Welfare Reform Comments.pdf |

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To Whom it May Concern:

America Forward is pleased to submit the attached comments to the recent House Ways and Means Human Resources Subcommittee Discussion Draft on welfare reform.

If there are any questions about the comments, please feel free to contact Nicole Truhe, America Forward's Government Affairs Director, at nicole_truhe@newprofit.rog.

Best,
Nicole Truhe

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Nicole Truhe
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**Welfare Reform Proposals: Comments from America Forward**

July 17, 2015

Mr. Charles Boustany, Chairman
Subcommittee on Human Resources
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Mr. Lloyd Doggett, Ranking Member
Subcommittee on Human Resources
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Boustany and Ranking Member Doggett,

Thank you for the opportunity to comment on the Subcommittee's Discussion Draft of welfare reauthorization legislation containing authority for Social Impact Demonstration Projects.

**America Forward** is New Profit's nonpartisan policy initiative that unites national policymakers with social entrepreneurs to advance a public policy agenda that champions innovative and effective solutions to our country's most pressing social problems. America Forward works with policymakers to foster social entrepreneurship, spur innovation, identify more effective and efficient solutions, reward results, and catalyze partnerships across sectors. **New Profit** is a pioneering venture philanthropy fund that aims to break down barriers to opportunity in America by transforming the way we educate our children, propel people towards social and financial stability, and create healthy communities.

America Forward advances its efforts through the leadership of the **America Forward Coalition**, a network of more than 70 innovative, impact-oriented organizations, working in more than 14,000 communities nationwide, dedicated to driving systemic change in workforce development, education, early childhood, youth development, and poverty alleviation. Our Coalition members share a commitment to innovating to achieve better results, using data to track progress and ensure accountability, leveraging resources across silos and sectors to improve the lives of the people they serve, and are achieving measurable outcomes in communities across the country every day.

Members of the America Forward Coalition applaud the inclusion of the Social Impact Demonstration Project authority (Section 10, subsection 3) in the welfare reform discussion draft released by the House Ways and Means Human Resources Subcommittee last week. This new authority would provide for funding to promote a variety of pay for performance approaches and also test social innovation financing of pay for performance strategies. In times of tighter budgets and greater demand for social services, we must work together to direct government resources to the most efficient programs that measurably improve people's lives. These demonstration projects have the potential to incentivize more efficient use of government resources to reward what works, linking government dollars to positive outcomes, and leveraging those dollars to attract private capital into the social services sector. America Forward appreciates the opportunity to comment on the draft legislation. We welcome the opportunity to discuss these comments, which are provided in an effort to strengthen the potential of the projects and to ensure their effective implementation.

America FORWARD

**Comments/Suggested Changes**

**General Feasibility Study Requirement**
The requirement of a feasibility study is a helpful activity as feasibility studies serve an important purpose in the development of a social impact demonstration project.

*America Forward suggests that consideration be given to allowing the utilization of currently underway or completed federally funded feasibility studies in place of a requirement of new feasibility studies so that states and localities need not undertake a duplicative process to understand how such a project could be implemented in their area.*

**Section A, subsection iii and Section D, subsection i: Feasibility Study Required and Requests for Funding for Feasibility Studies**
The current application requirements listed, (I-XXIII) and (I-X) respectively, for states or local governments to submit as part of their feasibility study and application for feasibility study funding contain items that would be learned during a feasibility study itself. Depending on the expected level of detail, some of these application requirements will be difficult for states or local governments to know with any level of certainty. The goal of the feasibility study itself would be to research and articulate many of these data points in greater depth.

*America Forward suggests that the language be clearer about the expected level of detail of these feasibility study and funding application requirements so that the feasibility study and funding applications are not so burdensome that states or local governments are not able successfully submit the required elements, as feasibility studies are integral to robust social impact demonstration projects.*

**Pg. 49, section D, subsection iii: Feasibility Study Required**
The requirement of 'rigorous evidence demonstrating that the intervention can be expected to produce the desired outcomes' as an element that states or local governments must include in their feasibility study is important but may be limiting. The present number of interventions that map to the outcomes specifically laid out in the language is not significantly high. In particular, there are certain sectors, such as child welfare, for which rigorously evaluated interventions that could help to advance the child welfare related required outcomes articulated in the discussion draft are in short supply.

*America Forward suggests the following language: "rigorous evidence demonstrating that the intervention can be expected to produce the desired outcome OR, IF THE INTERENTION HAS NOT YET UNDERGONE RIGOROUS EVALUATION, THAT THERE BE A REQUIREMENT OF IDENTIFICATION OF OTHER COMPELLING DATA AND THE ABILITY TO ENGAGE IN RIGOROUS EXPERIMENTAL OR QUASI-EXPERIMETAL EVALUATIONS TO BUILD THE EVIDENCE IN THE FIELD"*

**Pg. 65, section D, subsection v: Submission of Feasibility Study Required**
The current language requires states or local governments to complete a feasibility study and submit the study to the 'Council' within 6 months of receipt of feasibility study funding. There are not a large number of feasibility studies that have been completed to date on which to base an average. However, one very recent data point comes from the most recent Social Innovation Fund Pay for Success grantees that are working on feasibility studies with over 40 states and localities, and which have an average timeline for feasibility study completion of 9 to 12 months. As a result, the 'not later than 6 month' requirement is aggressive and may be difficult for state and local governments to adhere to.

*America Forward suggests the following language change: "Not later than 9 months after the receipt of feasibility study funding"*

**Pg. 75, section F, subsection iii: Qualifications of Council Members**

The current language requires that individuals have all three qualifications to be considered as potential 'Council' members. Given the nascent nature of pay for performance generally and in the social services space particularly, it may be difficult to find individuals both inside and outside of government who fit all three of the current qualification requirements.

*America Forward suggests the following language change: "are experienced in finance, economics, pay for performance or EVAULATION METHODS/statistics; OR".*

Thank you for the opportunity to comment on the Discussion Draft. America Forward would be happy to provide clarification of any of the points raised or provide any additional information you request. Please do not hesitate to contact Nicole Truhe, Government Affairs Director of America Forward at Nicole_truhe@newprofit.org if you would like to discuss these comments further.

Sincerely,

Nicole Truhe
Government Affairs Director, America Forward
1400 Eye Street, NW Ste 400
Washington, DC 20004

## America Forward Pay for Success Task Force Members

America's Promise Alliance
AppleTree Institute
AVANCE
Bottom Line
City Year, Inc.
College Forward
College Possible
Compact Working Capital
Connecticut Center for Social Innovation
Corporation for Supportive Housing
Enterprise Community Solutions
Family Independence Initiative
First Place for Youth
Institute for Child Success
Invest in Outcomes
New Classrooms
Opportunity Nation
REDF
Roca, Inc.
Root Cause
Save the Children
Save the Children Action Network
Single Stop
Social Enterprise Alliance
Social Finance
The Children's Aid Society
The Corps Network
Third Sector Capital Partners
Twin Cities RISE!
Waterford Institute
Year Up
YouthBuild USA
Youth Villages

AMERICA WORKS

August 3, 2015

Honorable Paul Ryan
Chairman
Committee on Ways And Means
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Ryan:

We are writing to advise you of our views of the draft re-authorization of the TANF program. In two months, the program popularly known as "welfare reform" will expire after 20 years.

We are very concerned that one provision will be extremely detrimental to the past 20 years and throw the country back into the abyss of having welfare recipients in endless training which does not lead to work.

This provision removes the distinction between "core and non-core" activities and allows training and education to substitute for work activities. This is precisely what the Family Support Act did in 1986, which led to massive increases in welfare nationwide.

America Works was founded in the 1980s on the principles of Work First. People from all over the country and around the world visited our program and were amazed that welfare recipients did not need years of training in order to achieve good jobs. We worked closely with Newt Gingrich on the original bill, explaining to staff the need to limit training and focus on work. The 1996 law was in part based upon the experiences of America Works.

Unlimited training will reverse the past 20 years of success. While there are parts of the draft that are commendable (see attached) we are extremely worried that there are people unlike those of us at America Works do not know, remember or have read the studies showing that job focused not training focus has been most successful in leading to employment.

We are prepared to meet with you and your staff to discuss this further.

Sincerely,

Peter Cove
Founder

Dr. Lee Bowes
Chief Executive Officer

America Works of New York, Inc., 228 East 45th Street, 16th Floor, New York, NY 10017 (212) 599-5627 FAX (212) 599-5174

# Addendum

1. The provision eliminating the caseload reduction credit, and prohibiting HHS from implementing waivers to federal work requirements is a good change. While the caseload reduction credit kept states focused on employment and closing cases in the early years, in later years it obviated state obligations to continue to engage participants. The 50% standard work participation rate is a better measure at this time.

2. The provision where state outcome measures related to penalties for non-performance are to be negotiated with HHS can result in pressure by states for low targets. On the other hand, the changes related to failure to meet targets are good if implemented however in practice HHS does little to enforce the penalties today. A national standard range should be set. The prospect of penalties is helpful in focusing state efforts on full engagement. The discussion draft's elimination of excess MOU also falls into this category of positive change.

3. We tend to think that partial credit for reduced hours of activity will lessen the urgency and effort that TANF recipients must contribute if they are to find and succeed in a new job, especially for those who have limited work experience. The current rules make for a version of a simulated work-week so that participants make their child care and other arrangements comparable to those that will be required once employed. This is "learning by doing".

4. We concur with- - permitting job search for one half of required hours after three months. The six week limit is unrealistic and not common practice.

5. We applaud the added wage subsidy funding and evaluation.

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*Raquel Hatter, President* *Tracy Wareing Evans, Executive Director*

**House of Representatives**

**Committee on Ways and Means**

**Subcommittee on Human Resources**

# Hearing

***On Welfare Reform Proposals***

**July 15, 2015**

**Comments for the Record by**

**American Public Human Services Association (APHSA)**

**Tracy Wareing Evans, Executive Director**

**Contact: Mary Brogdon, (202) 682-0100, x236, mbrogdon@aphsa.org**

July 29, 2015

Honorable Charles Boustany
Chairman
House Ways and Means Human Resources Subcommittee
1129 Longworth House Office Building
Washington, DC 20515

Honorable Lloyd Doggett
Ranking Member
House Ways and Means Human Resources Subcommittee
1129 Longworth House Office Building
Washington, DC 20515

Dear Chairman Boustany and Ranking Member Doggett:

The American Public Human Services Association is pleased to respond to the Committee's Discussion Draft on TANF Reauthorization released July 10. The Discussion Draft is very thoughtful and reflects a strong understanding of the TANF program's strengths and weaknesses identified over the years. We are especially glad to see that the reforms in the Committee's Discussion Draft include a renewed focus on what matters most – meaningfully engaging parents to support them in becoming and staying employed, overcoming their barriers to self-sufficiency, and supporting their family's wellbeing. TANF is a complex program and our comments below are intended to improve the Discussion Draft.

With and through our members, we respectfully submit the following detailed comments for your consideration. They represent our high-level consensus positions and recommendations on key issues that, together with the many strengths in the Discussion Draft, can undergird the next stage of TANF's critical role in growing capacity and enabling opportunity for those the program serves.

We also want to emphasize that beyond the particulars outlined below, it is important to keep in mind that many of the Committee's proposals would require states to make major changes to the way they administer their TANF-funded programs – changes that cannot be implemented too swiftly if successful transitions are to be made in IT support, community partnerships, state and local funding arrangements, and the general administration of TANF's diverse array of services. As the Committee revises and refines the Discussion Draft, we encourage you to prioritize this need, and to recognize and address that need where appropriate in the final legislation. Secondly, given that TANF intersects with a number of other key programs and services (such as workforce programs, adult education, and child care assistance), we urge the Committee to discuss proposals related to TANF reauthorization with the Committee on Education and Workforce and consider its input.

Comments on Section 5

***Section 5 – Individual Opportunity Plans: Support with reservations***

We are generally supportive of Section 5, particularly due to the new language, which recognizes that TANF participants are unique individuals with challenges but also with strengths and resources. This new language also recognizes that addressing participants' immediate needs is essential to their path toward employment and self-sufficiency, and that reassessment and redirection are often necessary. **However, we are concerned that the language describing the contents of the Individual Opportunity Plan is more prescriptive than current law, and does not seem to leave much room for state flexibility.** Requiring such comprehensive assessments of all adult recipients of TANF cash assistance will require states to increase the amount of time spent on assessment, and in effect increase its cost. States should retain the flexibility to customize assessment to account for their caseload demographics, current regional labor markets, and other contextual factors. **We would support added flexibility that would allow states to adopt alternative approaches to the goals described in Section 5,** such as equivalent plans negotiated between the Administration for Children and Families (ACF) and individual states, or through issuing less prescriptive, more general guidance in the legislation.

Comments on Section 6

***Section 6(a) – Eliminate credit toward the WPR for caseload size and excess state spending: Oppose***

We are wary of seeing Section 6(a) implemented before learning the impacts of the other changes in participation that counts toward the work rate. Until states have experience implementing the proposed improvements to calculating the Work Participation Rate (WPR), neither the states nor the federal government will know what benchmarks are realistic. Rather than immediately implement a change that could drastically impact some states' WPRs and the structures they have established over the years to support their current TANF policies, **we urge that the changes in Section 6(c) be implemented first to gauge their impacts.** If those changes have the intended positive effects, we may support the phasing out of credit for caseload size and excess state spending pursuant to a trigger mechanism contained in the legislation.

This is one of several examples of mechanisms that states have found necessary to take best advantage of TANF's declining purchasing power and flexibility in recent years, and which may become less necessary with well-structured changes this new legislation could potentially provide – but as stated above, only with sufficient time to make this kind of significant transition.

***Section 6(b) – Excludes work performed by individuals receiving atypical benefit payments from counting toward the WPR: Oppose***

TANF funding is a block grant, not simply an allocation to administer a cash assistance program. The exclusion created in Section 6(b) fails to recognize that each family served through TANF funds is unique and has different needs. This proposed change might create a disincentive to serve families whose circumstances call for anything other than traditional cash assistance, such as low-wage working parents in need of assistance as they transition to self-sufficiency, or non-custodial parents who may not qualify to receive traditional cash assistance but whose work and earnings are critical to the self-sufficiency and well-being of their families. For these reasons, we oppose the provision and urge the Committee to remove it from the legislation.

***Section 6(c) – Improves counting of hours of work participation:*** ***<u>Support with recommendations</u>***

Section 6(c) contains positive changes regarding activities that count toward the WPR such as allowing partial credit toward the work rate for participants who partially complete the required hours of work activities, expanding the period when job search can count toward the work rate, and raising the age limit for individuals whose satisfactory secondary school attendance can count as meeting the work rate. We support these changes since they allow states to respond to the differences across and within their populations and environments, and focus on engaging TANF participants in appropriate work activities that will actually help each individual become work-ready and gainfully employed, rather than focus on engaging them in a narrow range of activities that "count."

We also support Sections 6(c) because it extends the time limit on vocational education training from 12 months to 24 months, and increases the age limit for participants deemed to be engaged in work through secondary school attendance. Completing secondary education and vocational educational training is critical to helping many TANF participants become eligible, competitive workers. However, currently only 30 percent of families counting toward states' participation rates may do so through participation in vocational educational training and secondary school attendance. The most recent data available from the Department of Health and Human Services indicated that over 40 percent of adults receiving TANF assistance had less than 12 years of formal education, and less than 6 percent had any post-secondary education. Clearly, if the 30 percent cap is not increased, the intended impact of these changes will not be fully realized. **We urge that the final legislation also increase the cap on the proportion of families counting toward participation rates who do so through vocational educational training and secondary school attendance.**

***Section 6(d) – Revises the penalty structure for failure to meet work participation rate:*** ***<u>Support with recommendations</u>***

We are pleased to see the thrust of Section 6(d), which revises the penalty structure for states failing to meet their work participation rate. Requiring states that fall short to invest more in their TANF programs is a far more reasonable and constructive system than penalizing states by reducing their federal funds. The current penalty structure contains a mechanism for penalty relief for corrective compliance, and we urge the Committee to include such a mechanism in the new legislation. We would like to add that, while we understand that some process measures may be necessary, requiring extensive documentation and verification of work participation hours has proven to be unnecessarily burdensome and limits the degree to which front line workers can meaningfully and effectively engage with TANF participants working toward employment and self-sufficiency. **We support any changes that would ease the administrative burdens and provide for greater state flexibility in verifying participation hours. We strongly encourage the Committee to move away from the current system that contradicts the movement toward outcome measures that the Committee has embraced.**

<u>Comments on Section 7</u>

***Section 7 – Promotes increased employment, retention, and advancement among former TANF recipients:*** ***<u>Support certain elements but with strong reservations overall</u>***

As we and other stakeholders have testified before your Subcommittee, the current TANF accountability system focuses too much on process and does not contribute constructively to achieving successful

outcomes. While many of the current process measures remain in place, the Discussion Draft's new structure for holding states accountable for employment outcomes is a step in the right direction that could lead to an effective transition to a more fully outcome-based program. **Employment, retention, and increased earnings during the year following program exit are important outcomes that should be measured. However, they are not sufficient on their own.** These indicators are impacted by various other factors that the TANF program itself and its participants cannot directly affect, and should be carefully tested before they are used as the basis for any penalty structure. Further, many states do not have the necessary or timely access to relevant data and various data bases lack all the data needed for the significant number of TANF participants in certain categories of work – such as seasonal employment like retail sales and landscaping – or occupations in which they are considered self-employed such as construction or child care.

On their own, employment, retention, and increase in earnings do not capture all of the elements of a family's progression toward TANF's goals. Additionally, such short-term measures are not sufficient to understand the true and full impact of the TANF program on a family's self-sufficiency and wellbeing. Increase in earnings especially is not an indicator that can be measured in the short-term. These three indicators alone simply will not allow states to measure the impact of all the opportunities and supports they offer, and furthermore, such a limited number of indicators fails to reflect the far more inclusive indicators in the Workforce Innovation and Opportunity Act (WIOA). **We recommend including additional performance indicators that measure short-term, interim, and long-term outcomes and that capture other elements that together provide a more complete understanding of the TANF program's impacts, and that are better aligned with WIOA.**

We believe states should be held accountable for achieving successful outcomes, but we are strongly opposed to the penalty structure established in Section 7. Such a severe penalty system for falling short of any performance targets is problematic in multiple ways. In short, a penalty structure that withholds federal funds without giving states the opportunity to take corrective actions would have serious negative impacts on states and ultimately the families they serve. **We strongly urge that any penalties related to performance measures negotiated pursuant to this section should be imposed in arrears, rather than in advance, and states should be afforded the opportunity for corrective action to avoid any such penalties. Any such system must also be tested and underwritten by sound data and performance benchmarks. Again, we strongly suggest alignment with related changes made recently in WIOA wherever feasible.**

We are very encouraged by the potential opportunities in portions of this legislation to move us toward an outcomes-based model for performance and accountability, but feel that the problematic areas identified above must be modified to remain within that frame. Properly structured and phased in, an outcomes framework is something many states would find very attractive in place of the current penalty-based approach.

Comments on Section 8

***Sections 8(a) – Excludes third-party contributions and state spending on medical services from counting toward state spending requirements: Oppose***

We cannot support the provisions of Section 8 that exclude third party contributions and spending on medical services from counting toward state spending requirements. States and localities frequently

form partnerships and collaborations with third parties such as non-profit organizations in order to meet the many needs of TANF participants. These collaborative efforts support continuums of care that result in better outcomes for participants. Excluding third party contributions would remove an extra incentive for states to actively collaborate with third parties that broaden supports for families working toward self-sufficiency. Additionally, in some states third party contributions currently make up a large portion of their spending requirement that cannot be easily replaced. When states face significant deficits they benefit greatly by being able to count third party contributions and spending on medical services.

State spending on medical services for TANF participants should be counted toward states' spending requirements. This spending is necessary to ensure that TANF participants receive the services and treatment they need in order to be work-ready. Some states directly fund mental health and substance abuse services for TANF recipients. Substance abuse and mental health issues are serious barriers to becoming and remaining employed that a significant number of TANF participants face. State spending on treatment for these and other medical issues often fill the gaps in Medicaid coverage and access. Such medical spending should count toward state spending requirements since it directly assists TANF participants on their path toward self-sufficiency.

Such spending is an example of many kinds of other investments states and their partners make to help achieve all of TANF's goals, particularly those focusing on preparing participants for sustained success in the workplace, preventing and reducing out-of-wedlock pregnancies, and building greater overall family strength and stability.

***Sections 8(b and c) – Prohibits use of federal TANF funds and excludes state TANF funds for families with income greater than twice the poverty line: <u>Cannot support current language; discussion needed</u>***

A number of states have raised serious concerns about the provisions of Section 8, which prohibit the use of federal TANF funds for families with income greater than twice the poverty line, and exclude state TANF funds used to serve families in this category from being counted toward state spending requirements. The families and individuals who receive TANF-funded services are diverse, as are states and even the areas within states. The level of income needed for a family to meet even its most basic needs varies depending on its unique circumstances, location, and economic conditions. The TANF program is meant to include the flexibility necessary for states to serve their neediest families. We would like to explore with the Committee its thinking on proposing this limit and examine alternatives that might address those concerns yet retain the flexibility that has been, and will continue to be, required to serve the full range of families that can be strengthened through TANF services.

<u>Comments on Section 9</u>

***Section 9 – Eliminates the separate work rate for two-parent families: <u>Support with recommendations</u>***

Eliminating the 90 percent work rate for two-parent families is a wise decision. It will remove the disincentive to serve those families. Such a high participation rate requirement is unrealistic and burdensome. **Considering this, we ask that final legislation also relieve states from any penalties yet to be imposed for failing to meet the two-parent work rate in years prior to the effective date of this TANF reauthorization.**

<u>Comments on Section 10</u>

***Sections 10 – Improving Opportunity Fund: <u>Support with reservations</u>***

APHSA and its members are very pleased to see the Committee's decision to explore innovative approaches to better serve and support greater outcomes for TANF participants through the creation of four competitive grants for demonstration projects. These opportunities reflect a priority that has been urged by our members for years. However, we are troubled that no new funding would be provided for these projects, but rather would be redirected from states' Contingency Funds. While the nation as a whole has recovered from the recession, many states are still recovering now and depend on their Contingency Funds to adequately serve their poorest families. Furthermore, taking money from states' contingency funds would have serious consequences in the event of an economic downturn or other trigger. **We urge the Committee to find alternative sources of additional funds that do not diminish the capacity and effectiveness of TANF and of other human services programs that help build families' capacity and ability to sustain a better future.**

Again, we want to emphasize that the general direction of the Committee's Discussion Draft is a positive one, and many of its proposals respond well to the calls for strengthening TANF that our members have been sounding for many years. With the modifications we have outlined and the necessary resources, we believe this legislation could help produce some of the most significant forward movement in TANF, and for the families it serves, since the program began.

Please feel free to contact Mary Brogdon, Director of the Center for Workforce Engagement, at 202.682.0100 x236 with any questions or requests for additional information regarding these important changes.

Sincerely,

Tracy Wareing Evans
Executive Director

Cc:

Honorable Paul Ryan
Chairman
House Committee on Ways and Means
1129 Longworth House Office Building
Washington, DC

Honorable Sander Levin
Ranking Member
House Committee on Ways and Means
1129 Longworth House Office Building
Washington, DC

| | |
|---|---|
| **From:** | Natalie Armel |
| **To:** | Submissions, Ways and Means |
| **Cc:** | Lauren Wilson |
| **Subject:** | July 15, 2015 Hearing - Submission for the Record |
| **Date:** | Wednesday, July 15, 2015 3:37:30 PM |
| **Attachments:** | Bishop Paiute_Self Governance Act Support Letter.docx |

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Good Afternoon,

Attached, please find the submission for the record from Chairman Gerald Howard of the Bishop Paiute Tribe for the Subcommittee on Human Resources of the Committee on Ways and Means hearing held on Wednesday, July 15, 2015. The witness's information is provided below.

Chairman Gerald Howard
Bishop Paiute Tribe
50 Tu Su Lane
Bishop, CA 93514
Phone: 760.873.3584
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Should you have any questions please don't hesitate to contact the PACE, LLP offices at 703.518.8600.

Thank you,
Natalie Armel

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Arlington, VA 22201
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# BISHOP TRIBAL COUNCIL

**REMOVING BARRIERS TO ECONOMIC DEVELOPMENT ON INDIAN LANDS**
**Testimony submitted to the House Committee on Ways & Means**
**Subcommittee on Human Resources**
**Re: TANF Reauthorization**

The Bishop Paiute Tribe is grateful for the opportunity to provide testimony to the House Committee on Ways & Means with respect to the reauthorization of the Temporary Assistance for Needy Families program.

The Bishop Paiute Tribe is located at the foot of the Eastern Sierra Nevada Mountains in California's Owens Valley. With 2,000 enrolled members, the Bishop Paiute Tribe is the 5th largest Tribe in the state of California.

As you know, the Temporary Assistance for Needy Families (TANF) program grants Tribes the right to administer their own Tribal TANF programs on their reservations to serve Tribal members who would otherwise be served by the state in which they live (42 U.S.C. Section 612). At Bishop Paiute, we are served by the Owens Valley Career Development Center (OVCDC), a tribal consortium which administers the TANF program and is headquartered on the Bishop Paiute Reservation. The TANF program administered by OVCDC is the third largest Tribal TANF program in the country, serving individuals and families in six California counties and providing funds for employment training, job counseling and other career services to help tribal members prepare for the labor market. While OVCDC provides cash assistance to nearly 700 individuals and families, the majority of their TANF services are dedicated to job training programs.

The TANF law and its implementing guidance, codified in 2 CFR 225, greatly limit allowable expenses. Section 37 of the OMB Circular is particularly troubling in that it essentially *prohibits Tribal TANF prog ramsfrom recouping fair market rental value for office space to run TANF programs on tribal lands.*

The regulations regarding fair market rental rates for the administration of Tribal TANF on Tribal lands are inconsistent with the regulations that govern other Department of Health and Human Services programs, namely at the Indian Health Service (IHS). Under other HHS programs, which operate pursuant to the Indian Self Determination and Education Assistance Act of 1975 (ISDEAA), a Tribe can charge and recoup fair market rents for space on their reservation that is utilized for IHS facilities. In fact, this is the case for Bishop Paiute; down the street from the headquarters of the Owens Valley Career Development Center are the Tribe's Indian

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Health Service buildings, for which the Tribe charges and recoups the fair market rents for the property.

ISDEAA expressly allows Tribal governments to use Federal funds to lease Tribal facilities for the administration of ISDEAA funded programs at fair market value. Subsequent amendments to the Act in 1988 and 1994 affirm that right. The purpose ofISDEAA is to recognize the unique circumstances of Tribal governments and to encourage Tribal participation in the administration of these programs. This assists in retaining economic development opportunities on reservations.

In the case of Bishop Paiute and the Owens Valley Career Development Center, HHS not only denied the tribe's right to recoup fair market rates for the administration of its tribal TANF program, it also levied more than $1.7 million in penalties on the tribe. This leaves the tribe with two options - either charge little or nothing for the utilization of the office space, or use funds to lease office space off the reservation. This undermines the intent of ISDEAA.

Failing to allow tribes to charge fair market rents for the placement of TANF facilities on tribal lands can result in the diversion of scarce resources toward facilities owned by non-Indian landowners that are far removed from reservation communities and target populations. While some tribes have chosen to provide facility space rent-free, not all tribes have the financial ability to make such arrangements. In our case, the proposed "allowable rent" under the alternative calculation is less than one-tenth of the actual market rate for the property.

**Solution**

Despite language in the Statement of Managers accompanying the FY 15 omnibus appropriations bill that directs the Secretary of Health and Human Services to review this policy to ensure that it meets the needs of tribal governments, the Administration has failed to address this issue.

In developing recommendations for TANF Reauthorization, we ask that the Ways & Means Committee consider our request to include Rep. Paul Cook's legislation, H.R. 3026, the "Tribal TANF Fairness Act of 2015", that clarifies that tribes may recoup fair market rents, as validated by a third party audit, for TANF facilities located on Indian lands.

Thank you for the opportunity to comment on this subject, and we look forward to working with you.

Sincerely,

Gerald Howard

Gerald Howard
Chairman

| | |
|---|---|
| **From:** | Nune Phillips |
| **To:** | Submissions, Ways and Means |
| **Cc:** | Elizabeth Lower-Basch |
| **Subject:** | TANF Reauthorization Comments - CLASP |
| **Date:** | Friday, July 17, 2015 12:34:58 PM |
| **Attachments:** | image003.jpg<br>CLASP - TANF Reauthorization Comments (July 17 2015).docx |

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Good afternoon,

Attached are comments for the record from The Center for Law and Social Policy (CLASP) in response to the TANF reauthorization discussion draft. The comments are by Elizabeth Lower-Basch on behalf of CLASP. Ms. Lower-Basch's contact information is as follows:

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Kind regards,

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July 17, 2015

Elizabeth Lower-Basch,
Director of Income and Work Supports, Center for Law and Social Policy

Comments on Discussion Draft of TANF Reauthorization Bill
Subcommittee on Human Resources, Committee on Ways and Means
U.S. House of Representatives

Thank you for the opportunity to share the Center for Law and Social Policy's (CLASP's) views on the subcommittee's discussion draft bill to reauthorize the Temporary Assistance for Needy Families (TANF) program for fiscal years (FYs) 2016-2020. CLASP advocates for public policies that reduce poverty, improve the lives of poor people, and create ladders to economic security for all, regardless of race, gender or geography. We have extensive experience working on income and work support programs at both the federal and state levels.

In this response, we build upon the testimony for the record we submitted for the April 30, 2015 hearing on improving TANF, as well as previous recommendations regarding TANF reauthorization. In our testimony, we emphasized that TANF has a dual mission:

- To alleviate poverty and prevent material hardship among children and families, especially those who are particularly vulnerable due to circumstances such as disability, domestic violence, or homelessness; and
- To create effective pathways to economic security, including access to quality education and training programs and individualized services for those with barriers to employment.

In these comments, we assess the discussion draft bill primarily by whether it would make states more or less likely to accomplish these goals with their TANF programs. We will provide additional technical comments directly to the subcommittee staff. In our previous testimony, we identified two primary reasons why TANF has not been effective: (1) the block grant funding structure of TANF means less money in real terms has been available for income support and work programs, and (2) the Work Participation Rate (WPR), which has been the primary performance measure for TANF, does not provide states an incentive to operate effective programs, particularly for the most disadvantaged workers with children.

Overall, the discussion draft takes significant steps forward in improving the WPR to give states credit for the range of activities that would support TANF recipients in obtaining and succeeding in employment. In particular, the bill would give states greater flexibility to serve individuals with barriers to employment and other disabilities, and would recognize the realities of today's labor market in counting more education and training activities toward the rate. This section

includes many recommendations we have previously made, and we strongly applaud the changes to the WPR.

However, the draft does not partner this new flexibility with additional federal resources to expand services. Because providing appropriate services for highly needy individuals with major barriers to work is expensive, the experience in other workforce programs, as well as TANF, is that without clearly targeted resources and carefully designed incentives, employment measures can have the unintended consequence of encouraging "creaming" – failing to serve the most vulnerable families. This is particularly worrisome in TANF, where some states have a history of such exclusion, yet where excluding the neediest families directly contradicts the core anti-poverty purpose. Moreover, in addition to the lack of resources, the elimination of some tools that states have previously used to meet the WPR may make it challenging for some states to meet the rate. We remain concerned that states failing to meet the new rate may respond by restricting access to cash assistance for the most vulnerable families, rather than by expanding services. We therefore provide some recommendations for how to build on the discussion draft to strengthen both parts of TANF's dual mission.

**Goals of TANF**

For the first time, the draft discussion bill explicitly adds poverty reduction as a goal of TANF, although only through the mechanism of employment. This is an important step towards signaling the centrality of poverty reduction to TANF. However, without incentives to ensure that states provide a meaningful safety net to poor families with children, this addition is largely symbolic. As discussed more in the performance measurement section, we would support including measures to ensure states do not respond to budgetary and performance measurement pressures by denying assistance to poor families.

One example of such a measure is the TANF/poverty ratio. The Center on Budget and Policy Priorities has calculated that in 2013, for every 100 poor families with children in the U.S. only 26 received TANF assistance, down from 68 when TANF was created.[1] In 9 states, less than 10 families receive TANF for every 100 poor families with children.[2] Moreover, the families that do receive assistance remain deeply poor due to inadequate benefit levels. In 2014, for a family of three with no other income, every state's TANF benefits were an amount that totaled less than 50 percent of the poverty line. In 34 states, such a family would qualify for benefits worth less than 30 percent of the poverty line[3].

**Block grant structure**

The bill makes minimal changes to the block grant structure and federal funding. It does not adjust the overall block grant, which has declined by 32 percent due to inflation since 1996, and has also not been adjusted for population growth. It also does not restore the supplemental grants (provided until FY 2012) for 17 states that were disadvantaged by the original funding formula. Overall, we are concerned that the declining block grant funding combined with higher expectations for services for those who receive assistance will lead states to further restrict access for families.

Moreover, the bill eliminates the contingency fund and redirects the resources for targeted grants, leaving no source of resources to respond to economic downturns. The recent recession vividly demonstrated the challenges of a block grant structure. TANF generally failed to respond to spiking unemployment, suggesting the need for **more** resources, not fewer. Because the proposal eliminates the contingency fund without replacing its role, there will be no aspect of TANF funding designed to respond to greater economic need. While we see the proposed discretionary grants as generally positive, they should not trade off against the core need for a funding strategy that can respond to economic distress, whether state-specific or national.

We strongly urge the Committee to increase the block grant by at least $5 billion to bring the grant up to the real value it had in 1996, and to include an inflation adjustment going forward. In addition, we urge funding for a new contingency fund that could be used for cash assistance or subsidized employment in times of economic downturn.

Uses of Funds

In addition to the declining real value of the federal block grant, one of the major reasons why TANF spending on core services, including cash assistance, work programs, and child care, has been limited is that the great flexibility of the TANF block grant, and the required state spending under the maintenance of effort (MOE) requirement, means these activities must compete against a wide range of other services. Under current law, states have full flexibility to define a "needy" family, and some have set income standards for some TANF- or MOE-funded services at significantly higher levels. The draft discussion bill limits TANF and MOE expenditures to families with incomes under 200% of the poverty line at the time of application for assistance in order to direct services to low-income families. While we are generally supportive of this provision as it applies to services and benefits provided directly from TANF, we would recommend clarifying that the provision does not apply to transfers to the Child Care and Development Block Grant (CCDBG). As states seek to manage CCDBG funds to ensure smooth access to and transition out of CCDBG (with no "cliff" effect) and to implement the new CCDBG reauthorization with its goals of quality and access for working families, having separate requirements from TANF will make it harder to create a successful unified system. We are also interested in learning from states whether there are other services where this limit would have unanticipated ill effects. (We make further comments related to this issue in the section on program alignment at the end of the testimony.).

The discussion draft bill also includes a placeholder for an unresolved issue of whether to set a floor and require states to spend a minimum amount of their TANF/MOE funds on core activities including cash assistance, work activities, and child care. At the hearing, a minimum level of 50 percent was suggested. We strongly support limiting state legislatures' ability to divert TANF funding from these core purposes, while recognizing that such a requirement might need to be phased in over time, as nearly half of the states currently fall below that proposed floor. Since states currently spend on average just 6 percent of their combined TANF/MOE funds on cash assistance, 8 percent on work activities, and 16 percent on child care[4], a 50 percent floor would both help remove the incentive for states to limit access to cash assistance and increase the available resources for workforce training and child care, enabling states to meet the new

performance goals. In addition, we would recommend all additional MOE funds that states are required to expend as part of a penalty should be limited to these core areas.

One new use of funds that would be allowable under the bill is transfers to Title IV-B, which funds child welfare services. While we strongly support adequate funding for child welfare activities, adding them to TANF as an allowable use of funds is likely to put additional pressure on the block grant; therefore we cannot recommend this provision.

Finally, another approach the Committee could consider as part of targeting state funds more effectively to the core activities is narrowing the provision in current law that allows spending on activities authorized by state AFDC and Emergency Assistance plans prior to the 1996 TANF legislation. After almost 20 years, this would be an opportune time to reassess the rationale for grandfathering prior uses.

MOE Requirement

The discussion draft bill attempts to strengthen the MOE requirement to ensure continued state investment in the purposes of TANF by preventing states from claiming third party (non-governmental expenditures) as MOE, with this limitation phased in over several years. This practice allows states to meet the MOE requirement without actually spending state or local dollars on needy families, and therefore we support this change. At the same time, it is worth noting that the elimination of the contingency fund takes away the incentive many states had to spend at higher levels of MOE (in order to access the contingency fund, states had to spend at the 100 percent MOE level, rather than 75 percent or 80 percent). We do not know whether, on net, these provisions will result in any increase in state MOE spending when implemented.

**Work participation rate improvements**

We applaud provisions in the draft bill to more effectively support work by lifting restrictions that limit states' ability to receive credit towards the WPR for engaging TANF recipients in meaningful work-related activities. CLASP has called for these changes for many years and enthusiastically supports them. These changes bring the TANF statute into far closer alignment with the evidence around effective workforce development activities, and with the key elements of the recent bipartisan workforce reauthorization, the Workforce Innovation and Opportunity Act (WIOA).

One set of changes would make it easier for states to provide individualized services for individuals with barriers to employment, including disabilities. The bill would allow job readiness activities to count as work-related activities, as long as they were determined appropriate as part of the new Individual Opportunity Plans. While the bill does not offer a definition for job readiness, this would presumably allow for the counting of activities such as mental health services or safe housing for an individual experiencing domestic violence, as well as activities in service plans mandated under transitional housing, child welfare, or justice systems. This would be an important improvement over current law, under which barrier-removal activities such as mental health services and substance abuse treatment are only countable toward the work participation rate as part of "job search/job readiness" and therefore

only countable for a few weeks per year. A significant share of TANF recipients experience such conditions, and these individuals are particularly poorly served by the "one-size-fits-all" approach many states have adopted in response to the WPR restrictions.[5] In addition, states could get half credit for individuals participating at least half of the required hours, and possibly get full partial credit if their tracking systems are up to standard.

Several changes would expand states' ability to receive credit for engaging recipients in education and training activities – all of which are consistent with the most up-to-date evidence about what works, as well as with the bipartisan WIOA reauthorization. These include: removing the distinction between "core and non-core" activities—which would allow increased counting of job skills training and education related to employment—and allowing vocational education to be counted for up to 24 months, rather than the 12 months currently countable. The bill would also expand the provision allowing teen parents to meet the work requirements through high school attendance, or the equivalent, or education related to employment to young adults through age 25. This is critical because having a high school diploma or its equivalent is strongly linked to employment and is a prerequisite to postsecondary education. Postsecondary credentials open doors to good jobs and wages, and available data clearly demonstrates significantly lower annual wages for adult full-time workers with a high school diploma or less. These changes increase the likelihood that states will allow welfare recipients to participate in education and training programs that will help them to permanently escape poverty.

The draft raises the question of whether to lift the cap on the share of recipients who can be counted as participating based on vocational education and high school attendance. We urge Congress to do so, because otherwise states may feel compelled to keep restrictions. The Congressional Research Service (CRS) has estimated that 32.2 percent of work-eligible individuals in TANF are 24 and under.[6]

Finally, the bill would allow job search to count for up to half the required hours of participation without time limit (and for three months as a stand-alone activity). While it is not productive to send people to full-time job search over and over,[7] it makes sense for states to receive credit for clients who combine job search with part-time work or training.

The discussion draft also eliminates the separate and higher work participation rate for two-parent families. This rate was so unachievable that 25 states and the District of Columbia have opted not to provide any assistance to two-parent families through TANF.[8] We strongly support this provision, which contributes to family stability and reduces the marriage penalty.

Taking advantage of the increased flexibility to implement high-quality training and job readiness activities will require more resources than most states currently spend on work activities. While some resources may be available from non-TANF sources, it is important to recognize that those funding streams (such as WIOA) have also frequently been capped or reduced over the last decade. Therefore, states must be both enabled and encouraged to spend more of their TANF and MOE funds on work-related services.

One way to do this would be to simplify the tracking and verification of hours of participation, which is left as an open question in the discussion draft. It is essential that this change be

included, particularly because monitoring and tracking participation consumes a great deal of state resources. As mentioned in the hearing, one study of employment counselors in Minnesota found that they spent 53 percent of their TANF time on documentation activities such as verifying, collecting, and reporting information for WPRs, and 47 percent on direct service activities such as creating employment plans, identifying barriers to work, and assisting with job search.[9] Given the lack of additional funds, if Congress expects states to take seriously the new expectations in the bill regarding assessment and case management, states must be able to spend less time documenting participation and more time helping participants succeed. Both caseworkers and participants would welcome the reduced burden of documentation.

Another important and welcome change to the WPR is the replacement of the current penalty structure—which takes federal funds away from states that fail to meet the target rates—with a revised penalty requiring states that fail the rates to invest more of their own funds through an increased MOE requirement. As noted before, states should be required to invest these additional funds in cash assistance, work services, or child care.

**State Incentives and Penalties**

At the same time the bill broadens in a very positive way the activities that can be included as work participation, it also includes provisions that will make it significantly harder for states to meet the work participation rate. While we support some of the provisions individually, we are concerned that without additional resources or incentives to serve needy people, an unintended consequence will be that states exclude more families from TANF. We have some suggestions here and would be pleased to discuss more options with the Committee.

Specifically, the bill would eliminate the caseload reduction credit (CRC), which lowers the target rate states must achieve. This is a major change. In FY 2012, the most recent year for which WPR data are available, only 11 states would have met the WPR without the benefit of the CRC. Thirteen states would have fallen 20 points or more short of their target rate.[10]

CLASP has long had concerns about the CRC and the incentives it provides to reduce cash assistance caseloads, regardless of need. Under none of the stated goals of TANF is it plausible to consider someone a success who leaves assistance without any source of income, yet states receive as much credit toward the WPR for someone who is sanctioned off or reaches the time limit without work as for someone who earns enough to no longer need assistance. However, we are concerned states may respond to the loss of the CRC in undesirable ways, given that this change is not paired with additional funding or minimum expectations for serving needy families.

In addition, the bill requires HHS to determine how to exclude from WPR calculations the people who receive assistance under programs that provide a minimal benefit under different rules "solely or primarily" created to boost state's WPR. In 2010, the Government Accountability Office reported that 23 states were operating worker supplement programs,[11] although it is not clear that all of them would be affected by the language in the bill. It is important to recognize that states may operate cash assistance under different rules for purposes other than the WPR, such as to serve caregiver relatives caring for children who would otherwise

be in foster care, or to assist newly employed workers with the additional costs incurred by going to work. Congress should be careful not to unduly restrict such efforts.

As noted earlier, even with the expanded activities allowable under the discussion bill, it is likely to remain easier and cheaper for a state to improve its WPR by serving fewer families who need assistance than to raise the WPR by running a more effective program. The cost of providing high-quality assessments, case management, and appropriate activities has often discouraged states from providing appropriate services to low-income families with significant barriers to employment. Simple math shows it is far cheaper to create procedures that make it hard for the most disadvantaged families to get help in the first place, to exempt them from participation requirements, or simply to allow them to be sanctioned off the rolls than it is to provide intensive services. Therefore, we recommend these provisions that raise the target rate states must achieve be phased in over a few years, giving states an opportunity to revamp their services. In addition, as discussed below, we believe performance measures should include indicators of access to cash assistance as well as indicators of states' effectiveness in serving those who receive such assistance.

There is increasing consensus that the effectiveness of public programs should be measured, as much as possible, by their effects on outcomes for the populations they are designed to serve. CLASP has long argued Congress should replace the WPR with outcome-based performance measures that will help foster and improve the effectiveness of these programs. At the same time we have urged proceeding carefully and thoughtfully, lest we replace the WPR with outcome measures that also have perverse consequences, including discouraging states from providing TANF assistance to families where the parents face barriers to employment.

The draft bill creates new performance measures, based on employment of welfare leavers in the 2$^{nd}$ and 4$^{th}$ quarters. Starting in 2018, a portion of the states' block grants would be withheld and could only be earned back by achieving target goals in these measures. The penalties for not meeting targets in the draft are draconian compared to other federal education and workforce programs with measures, targets, and sanctions. For example, under WIOA, the penalty for not meeting performance goals is 5 percent of the Governor's set-aside, which is a small percentage of the total WIOA funding.

Such high-stakes performance measures, particularly using indicators that have not previously been collected and benchmarked, create large incentives for "creaming" (e.g., denying service to harder-to-serve populations) and other ways of manipulating measures in ways that are unrelated to actual performance. Evaluations of programs for the most disadvantaged participants confirm that programs with proven impacts are likely to have outcomes that appear disappointing when compared to programs serving people with recent work history. For example, MDRC evaluated New York City's Personal Roads to Individual Development and Employment (PRIDE) program, an initiative that provided specialized work experience and job search services to individuals who had previously been exempted from work requirements due to disability, but who did not qualify for federal disability benefits. This program increased employment rates by more than 25 percent compared to a control group – but only a third of the recipients assigned to PRIDE ever worked in formal jobs during the two years after assignment, and only 3 percent

worked every quarter of those two years.[12] Therefore, a program that includes such individuals will achieve much lower outcomes than one that screens them out and denies them services.

Therefore, while supportive of the overall desire to incorporate outcome-based measures into the TANF system, CLASP makes the following recommendations:

- Revise proposed outcome measures to match the comparable WIOA performance measures so that states do not have to calculate slightly different measures for overlapping populations;
- Collect data and set baselines for performance on new measures before requiring states to commit to target rates;
- Take into account the populations served, either through a regression model, as used under WIOA, or by asking states to describe subgroups within their TANF population and set different targets for each rate;
- Include measures of states' performance in providing access to benefits, such as the TANF-to-poverty ratio, as well as employment measures;
- Instead of penalizing states that fail to achieve their targets with a loss of a portion of their the block grant, the sanction should instead be increased MOE requirements (as under the revised WPR penalty) and/or reduced flexibility to use TANF and MOE funds to support services other than cash assistance, work activities, and child care; and
- Congress should give states the ability to add additional performance measures, such as "Measurable Skill Gains," the interim measure of progress tracked under WIOA.

CLASP will separately provide additional technical comments on the specific measures proposed in the draft bill and how better to align them with the performance measures under WIOA. As currently written, we have deep concerns about both the details of the measures and the significant funding gap caused by the lag between when funds will be withheld and the period when the data will be available to measure state performance.

**Alignment with other programs**

**WIOA.** The draft bill strongly encourages states to include TANF in a Combined Plan under WIOA, an approach that generally makes sense since TANF is a required one-stop partner under WIOA unless the Governor opts out. The suggestion above for performance measures to be aligned across TANF and WIOA is even more important in the context of such joint planning, as separate measures make it far more difficult for programs to align. In addition, we would be glad to work with the Committee staff on technical changes to the proposed opt-out provision in this draft; the current version actually entails more intensive alignment and coordination with workforce programs than would Combined Planning itself, so it inadvertently undercuts the Governor's opt-out authority.

**CCDBG.** Consistent with the broad interest in program alignment reflected in the draft bill, we recommend that the Committee consider requiring that the provision of the bipartisan CCDBG reauthorization apply to child care funded directly through TANF, as well as through transfers to CCDBG. This would ensure that all children, including the most vulnerable children on TANF, receive the appropriate protections from CCDBG including health and safety requirements and

provisions that ensure stability of care. Should this provision be included, the CCDBG federal eligibility limit of 85 percent of median income limit would apply to these funds as well, rather than the new 200% of poverty limit under TANF.

**Discretionary grants**

In general, the purposes of the proposed discretionary grants are valuable. Our one concern, as noted earlier, is the elimination of the contingency fund with no provision for another approach to adding resources for economic downturns. We have two specific comments: on the case management demonstrations and the Social Impact Bond demonstrations.

While the TANF caseload is heterogeneous, and no one strategy will work for everyone, there are certainly multi-need families that would likely benefit from a close relationship with a skilled case manager. In addition, research suggests that the effectiveness of case management strategies depends on the availability of services – that is, case managers succeed by providing a trusting relationship that helps families choose, access, and succeed in services, not by substituting for services.[13] For example, if a parent is caring for a disabled child and does not have a high school education, the case manager can give her hope and a sense of practical goals that will enable her to move through these issues, but the case manager cannot substitute for a high-quality and reliable child care setting and an effective education and training pathway. For this reason, we believe these demonstrations will be far more likely to show success if the bill includes provisions we have suggested elsewhere to strengthen services, including more resources for states and changes in state incentives.

We are very pleased the case management, subsidized employment, two-generation, and in-demand sectoral employment pilots are all targeted to very needy families and individuals, whether current TANF recipients, recent recipients, or (as in the case of subsidized employment) certain unemployed and low-income people. We would recommend the Social Impact Bond demonstration include similar language, targeting the resources to TANF recipients or recent recipients. As we noted in a recent paper summarizing the status of Social Impact Bond-financed initiatives[14], while this funding mechanism has the potential to expand the scope of effective public programs for the poorest and most-vulnerable citizens using private capital, there are significant up-front costs for project development, which this bill would provide federal funding to support. TANF funds should not be used to support the costs of projects that would not benefit needy families.

**Conclusion**

Thank you very much for your attention to these important issues regarding the TANF program and, in particular, for the Committee's commitment to improving the work participation rate and the pathways to work for the nation's most vulnerable families. We appreciate the opportunity to comment on both the draft bill's strengths and the areas where it could go further and achieve greater success. We stand ready to work with the Committee to provide any information and assistance that would be helpful.

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[1] *Chart Book: TANF at 18*, Center on Budget and Policy Priorities, August 22, 2014, http://www.cbpp.org/cms/?fa=view&id=3566.

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[4]Elizabeth Lower-Basch, *TANF 101: Block Grant*, CLASP, May 2015, http://www.clasp.org/resources-and-publications/publication-1/TANF-101-Block-Grant.pdf.
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[8] Office of Family Assistance, *Work Participation Rates - Fiscal Year 2012*, "Table 1A: Combined TANF and SSP-MOE Work Participation Rates, Fiscal Year 2012", Administration for Children and Families, U.S. Department of Health and Human Services, May 2015, http://www.acf.hhs.gov/sites/default/files/ofa/wpr2012table01a.pdf.
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[11] Government Accountability Office, *Temporary Assistance for Needy Families: Implications of Recent Legislative and Economic Changes for State Programs and Work Participation Rates*, Report GAO-10-525, May 2010, http://www.gao.gov/new.items/d10525.pdf.
[12] Dan Bloom, Cynthia Miller, and Gilda Azurdia, *The Employment Retention and Advancement Project: Results from the Personal Roads to Individual Development and Employment (PRIDE) Program in New York City*, MDRC, July 2007.
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| **From:** | Liz Schott |
| **To:** | Submissions, Ways and Means |
| **Subject:** | comments on Human Resources Subcommittee July 15 Hearing on TANF Reauthorization and Committee Discussion Draft |
| **Date:** | Tuesday, July 21, 2015 7:37:09 PM |
| **Attachments:** | Technical Comments.CBPP.docx |

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Enclosed please find primarily technical comments from the Center on Budget and Policy Priorities on the Human Resources Subcommittee Discussion Draft on TANF Reauthorization. Feel free to contact me if you have any questions. Thank you for the opportunity to comment.

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July 21, 2015

# Comments on Committee Discussion Draft on TANF Reauthorization

We thank you for the opportunity to provide comments on the Discussion Draft. The Center on Budget and Policy Priorities is a nonpartisan research and policy institute. We pursue federal and state policies designed to reduce poverty. We have deep expertise in programs and policies that help low-income people, and have worked on TANF issues at the national and federal level since the inception of TANF.

Below we provide comments of two kinds. First, we address three key issues that are either inadequately addressed or problematic in the Discussion Draft: (1) inadequate funding and targeting of existing resources; (2) holding states accountable for program access; and (3) the design of the newly proposed outcome measure. Then we provide comments on specific sections where we think improvements could be made or there appear to be errors in the drafting language.

## Additional resources are needed in TANF

A major shortcoming of the draft bill is that it provides no additional funding for TANF even though the block grant has lost 30 percent of its value since its creation. Instead, the bill actually reduces federal funds through the outcome measure penalty and repurposing of the Contingency Fund while at the same time imposing additional reporting requirements on states with no additional funding for those activities. The block grant should be increased to retain its original value, and should be indexed for inflation for future years.

A key flaw of the TANF block grant that is not addressed in the Discussion Draft is that the permissible uses of the funds are so broad that states spread them across many areas of the budget. TANF reauthorization provides a key opportunity to reclaim some of those funds — one that should not be missed. The Discussion Draft notes that agreement was not reached on whether to require states to spend a specific share of their TANF resources on core purposes. As we note in the detailed comments below, we believe such a requirement is essential for improving TANF work programs and participants' employment outcomes; it also provides an opportunity to reclaim some of the TANF funds that have been diverted to other purposes.

Another change to bring more of the federal funds back to core TANF purposes is to stop allowing states to spend funds for uses that are not within the TANF purposes. Under the TANF law,

certain uses that were "authorized under prior law" were grandfathered in as permissible spending despite not falling within the purposes of TANF. Over time, in some states the amount of spending under this basis has ballooned. This practice should be ended.

## Hold states accountable for serving families in need

The draft bill adds a new purpose to TANF: reducing poverty. While a laudable goal, TANF cannot reduce poverty if it fails to reach poor families. TANF serves only 26 families for every 100 families in poverty; in a growing number of states, it serves fewer than *10* families for every 100 families in poverty. Nothing in the current TANF law or the Committee Discussion Draft holds states accountable for providing needy families with access to cash assistance or work-related services. We urge that states should be held accountable for their performance here with some type of an access measure that is on par with the other two performance measures of the WPR and employment outcomes. One approach would be to use something like the ratio of the families on TANF to families in poverty.

While the draft bill includes some provisions that will lessen the incentive for states to avoid serving families in need such as eliminating the caseload reduction credit, we are concerned that the effectively higher work participation rates as well as the new outcome measure could provide new incentives for states to exclude families that are not likely to boost state performance on those measures. For example, states may increase barriers to getting on assistance in the first instance since they will be held to employment outcomes for all of the families that receive assistance.

To fulfill the Committee's intent of making TANF as a more effective vehicle for reducing poverty, it is important that states not be permitted to mandate onerous upfront work requirements that exclude from TANF the very families that need the most assistance. To end this practice, we recommend that states be required to complete an assessment and individual opportunity plan *before* they can require families to participate in work activities.

## Hold states accountable for realistic and meaningful outcome measures for TANF leavers

Outcome measures can provide important information on how TANF recipients fare over time, but there are some complicated design issues. Given that most states do not collect this type of information now, we believe it is important to consider all of the design issues carefully, to talk with states about their concerns and to build in time to allow states to gather the information they will need to set realistic targets.

We oppose the proposed penalty structure from the Discussion Draft and suggest an alternate approach. We generally have not included detailed comments on drafting here; while we have many concerns about the proposal as drafted, we anticipate that there will be significant changes and therefore are focusing our comments here on the substantive issues that the proposal raises.

*Revising proposed outcome measures*

The draft legislation includes three outcome measures for TANF leavers: (1) employment two quarters after exit; (2) employment four quarters after exit; (3) change in median income between the second and fourth quarters. These measures are intended to measure employment, retention and advancement. We suggest dropping one and modifying one, per our discussion below.

***Employment two quarters after exit.*** This measure will provide information on the share of recipients who leave TANF who are employed two quarters after exit. It is the same measure that WIOA will use and is a reasonable way to measure employment among TANF leavers. We agree with using this measure.

***Employment four quarters after exit.*** This measure is intended to provide information on employment retention but it is a weak measure of retention. A true measure of retention would look at employment in the fourth quarter *for individuals employed in the second quarter* after exit. The measure in the Discussion Draft would provide information on how the share of leavers who are employed changes over time, but not on whether recipients who were employed in the second quarter remain employed in the fourth quarter. Since it does not provide a good measure of retention and it creates an additional two-quarter time lag, we recommend dropping it from the outcome measures.

***Change in median earnings.*** For the same reason that measuring employment in the fourth quarter does not measure job retention, the change in median earnings does not measure wage progression. Gathering information on median earnings will, however, provide useful information on the earnings of TANF leavers. We recommend measuring median earnings only in the second quarter; this is the same as the WIOA measure.

One option for getting a better understanding of job retention and advancement among TANF leavers would be to require HHS to conduct an in-depth study of employment and earnings over an extended period among TANF leavers. If such as study is undertaken, we would recommend that it be conducted in several states using the same methodology.

*Gathering data and timing for establishing state-specific outcome goals*

Very few states currently gather data on employment outcomes or earnings for TANF leavers so there is no baseline information available for states to use to set goals for which they will be held accountable. Shortly after welfare reform was implemented a number of states conducted studies of TANF leavers but those studies are outdated and are not comparable to one another. In order for states to develop meaningful outcome measures for which they will be held accountable we recommend that the first year after enactment be designated as a baseline measurement year. States would be required to report on outcomes for TANF leavers and the data would be used to establish benchmarks and negotiate outcome goals, but states would not be required to meet any specific performance standards. We also suggest that bill language explicitly state that factors to be considered in negotiation of goals include economic conditions, characteristics of recipients, and the extent to which needy families are served in the state's TANF program.

As currently written, the draft legislation does not build in any lag time for states to receive and process employment outcome data. The time it takes to obtain employment data varies by state, but we expect most states will receive employment data about two quarters after the exit quarter. This

means that there will be roughly a one-year lag between the exit month and when a state is able to obtain employment data for the second quarter after exit and it would take another two quarters to receive the fourth quarter employment data if that measure is kept. Assuming a FY 2016 start date, states would not have second quarter employment and earnings data for all families that exit in that year until the last quarter of FY 2017. HHS will then need time during FY 2018 to process the data and negotiate outcome goals with states. This suggests that the first year states could be held accountable for employment and earnings outcomes is FY 2019 (for those families that left TANF in FY 2016).

*Changing penalty structure for outcome measures*

We oppose the penalty structure included in the Discussion Draft – both because it effectively reduces the block grant whose value has already eroded by 30 percent and because it does not encourage states to take concrete steps to improve their performance. The legislation proposes to hold back a portion of the block grant and require that states earn it back by meeting the outcome measure goals. The portion held back is 4 percent for 2018 and 10 percent in 2019 and 2020. (It is not clear how the sequencing works and whether this is a drafting, timing or concept issue but it seems that the funds will be held back before the state can establish whether it has met the targets.) States that fail to meet their negotiated targets would have an opportunity to re-earn the withheld funds if they meet their targets in the subsequent year. The concept, sequence or time lags necessarily involved make this approach extremely problematic; it will not provide states with enough time to allocate additional state funds to make up for the withheld funds.

Moreover, reducing the federal block grant funds that states will have to work with will impede rather than further improving work programs and employment outcomes. There is no new funding provided in the bill, but there are numerous increased obligations on states. We propose an alternate penalty approach that focuses on program improvement and increased investment in work programs. Following the WIOA structure, if states fail to meet their negotiated outcomes, they would first be required to develop a program improvement plan with technical assistance from HHS. If their performance does not improve, in the next year they would be required to increase spending on work programs by a specified share of their block grant (e.g., five percent) until they reach a specified share of spending on work activities. Under our alternate approach, states that do not achieve the outcome targets would not lose federal funds, and much of the current proposed legislative language would no longer apply. Instead, states would lose some flexibility on how to spend their federal funds, with a directive that a portion of the federal funds must be spent on work programs.

*Which TANF leavers should outcome measures apply to?*

We agree with the approach of the Discussion Draft that employment and earnings outcomes should be tracked for all adult TANF recipients who were required to engage in work activities while they were on TANF. (The drafting could be improved here to clarify that the adult received assistance and was considered a work-eligible individual for the WPR purposes.) We believe it is important to pick up all such TANF leavers. Families leave TANF for a host of reasons – increased earnings, being sanctioned for non-participation, reaching a time limit, getting married, qualifying for disability benefits, no longer having an eligible child, etc.. Some families may leave without ever

participating in a work program while others may have participated for an extended period. If the goal is to hold states accountable for increasing engagement in work activities, connecting parents to work and reducing poverty, it is import to have information on all leavers' employment status and earnings. If some groups of leavers are excluded from outcome measures (for example, those who leave due to sanctions or time limits), we will have an incomplete picture of how TANF recipients are faring. Policies such as time limits and sanctions have been billed as tools to promote work so there is no policy reason to exclude these individuals from an analysis of employment and earnings among TANF leavers.

## Comments by section

**Section 5, p. 5-7, Individual Opportunity Plan**
We support the Discussion Draft's increasing obligations on states to conduct assessments and adding detail to the re-named IOP. There are several other places in these comments where we refer back to things that might be integrated with or clarified in the IOP section.

**Section 6(b), Page 8-10 – Counting Work Participation of Individuals receiving Atypical Benefit Payments**
While we understand the goals of this provision, the conception and application seems complicated and states with similar programs could fall on different sides of the criteria laid out here. Some states have different eligibility policies for some groups of recipients than others, including time-limited disregards of earnings or requiring participation in work activities as a condition of eligibility after a period of TANF receipt. It is important to ensure that these programs (which have been designed to achieve specific policy goals) are not impacted by this provision.

**Section 6(c)(2), Page 11, line 3 – Partial credit.**
We support allowing partial credit and this uniform half credit if half of the hours are met approach is a reasonable way to do this. As drafted, language does not extend this provision to MOE.
After "part," insert "or any other State program funded with qualified State expenditures (as defined in section 409(a)(7)(B)(i))"

**Section 6(c)(3), Page 12, line 13 – Alternative work participation calculation**
As drafted, language does not extend this provision to MOE.
After "part," insert "or any other State program funded with qualified State expenditures (as defined in section 409(a)(7)(B)(i))"

**Section 6(c)(4), p. 13, line 15 – Counting job search as work**
We agree with the intent of allowing 3 months of stand-alone participation in job search count toward all hours of the work rate, and outside of that 3-month window, allowing participation in job search to only count for up to half of the hours of engagement. However, we suggest some changes to the drafting. Job search might be combined with another activity either before or after a period of stand-alone job search and a state should be able to get credit for these partial job search hours (for up to half of the hours of engagement) either way. As drafted, the language suggests a rigid sequence of full-time job search first followed by partial job search; that may not always be the best approach. Similarly, the language should clarify that the 3-month clock runs only if all of the hours of participation are in job search.

Suggest revisions, p. 13, lines 8-19 as follows (shown with underscore and strike-thorough):
"(A) COUNTING OF JOB SEARCH AS WORK.~~ After the p~~ Participation of an individual in an activity described in subsection (d)(6) of this section of a State program funded under this part or any other State program funded with qualified State expenditures (as defined in section 409(a)(7)(B)(i)) may count as all hours of participation in a work activity ~~has been counted~~ for 3 months. ~~as participation in a work activity,~~ For any other months, participation by the individual in such an activity shall count towards not more than half of the hours of participation in work activities by the individual."

**Section 6(c)(6), Page 14, line 8-11 – *Open question: whether to adjust current 30 percent cap on those who can participate in education***
We urge that the current cap on when participation in education can count toward the WPR be lifted. Retaining it contradicts other changes in the bill, such as expanding access to education and training activities, simplifying the tracking of work activities, and adding a new TANF program goal of reducing poverty.

**Section 6(c)(6), Page 14-15 – Job readiness activities**
Suggest adding a new subsection here that deems participation in activities set forth in the IOP to be engaged in work without regard to the number of hours of participation. For individuals with disabilities or other barriers, an appropriate IOP may might have fewer than 20 or 30 hours of participation. So longs as the individual complies with what is included in the plan, this should be considered engaged in work (similar to satisfactory secondary school attendance).

**Section 6(c)(10), Page 15, line 23-4 – *Open issue – how to verify participation in activities***
As several witnesses have noted in the TANF hearings this year, verification of hours of participation consumes substantial staff time and fundamentally alters the relationship between case managers and recipients. Instead of providing the support that recipients need to succeed in implementing their plan, case managers spend more than half of their time tracking down documentation to verify every hour of participation. With the elimination of the caseload reduction credit, almost every state will be required to do more to achieve a 50 percent work participation rate – and they will be required to do so with no additional money. One way to free up staff time to engage more families in work activities is to reduce the time that staff currently spend verifying participation.

In order to maximize the time staff can spend working with recipients to help them develop and execute the Individual Opportunity Plans included in the draft legislation, we recommend that Congress require HHS to promulgate regulations that simplify current verification requirements and reduce the staff burden for gathering documentation. As an example, instead of requiring states to gather documentation for classroom and homework hours for students in a postsecondary education program, they could be required to verify full-time enrollment in good standing at regular intervals (e.g., every three months). There are some activities, such as work experience, where collecting time sheets to document hours of participation may still be appropriate. HHS should be required to consider each type of activity separately and to develop standards that take into account the nature of the activity and how it might vary from one locale to the next.

We also suggest that language be added or strengthened in Section 5 on the IOP be to make it clear that the plan should include a list of the activities the recipient will be required to engage in to meet their required hours of participation.

**Section 6(c) – add a provision to include persons in subsidized employment in WPR**
The WPR improvements should also include a provision to allow subsidized job participants to count in the Work Participation Rate. States should be allowed to count persons receiving TANF or MOE-funded subsidized employment in the work rate even if they are not otherwise receiving "assistance." Since job subsidies are defined as non-assistance, states get no WPR credit now unless the family is otherwise receiving assistance, such as a reduced cash assistance benefit. Language that would accomplish this has already been included at Sec. 110(b) in H.R. 3005 introduced by Rep. Danny Davis and could be incorporated here.

**Section 6(d), p. 16 – Penalty for failing to meet WPR**
We support this change in penalty approach. We are concerned that the references to "the succeeding fiscal year" and "preceding fiscal year" may not match the reality that the reporting and analyzing of the data are not instantaneous and can involve a multi-year lag time between the year for which the work participation rate is measured and the time that HHS notifies a state that it has failed to meet the minimum rate thus triggering penalty consequences. Moreover, if a state appeals a determination that it has failed the rate or seeks other penalty relief or enters into corrective compliance as available under the law, the time at which the obligation to pay the penalty (or, in this case, increase the MOE) does not arise until after these processes are completed. It would be best to ensure that the references to the fiscal year do not result in triggering an increased MOE obligation for a year that is prior to the time at which HHS notifies a state that it has failed to meet the work rate or at which a penalty would otherwise be due.

**Section 6(e), p. 17 – Report on state engagement of recipients not working in unsubsidized employment.**
This report largely duplicates the type of information that states already report as part of the data reporting requirements, so it is largely unnecessary. And, because it may not exactly match the current reporting requirements, this additional report would become an additional burden. It will not exactly match because the work participation data reporting applies to "work eligible individuals" as defined by HHS rules pursuant to directives from Congress in the Deficit Reduction Act of 2005. The language in the proposed provision refers to adults and minor child head of household who "received" assistance. Work-eligible individuals include parents in the household who do not receive assistance, such as persons who are excluded due to a sanction, an adult-only time limits, or other disqualifying penalty. This report would therefore require to largely overlapping but technically different sets of data to be reported. Moreover, the time frames in the proposed language are not reasonable, requiring an apparently instantaneous report at the end of the fiscal year on which the state is reporting. Given all of the additional things that will be required of states under this bill with no new resources, adding a redundant report should be dropped from the bill.

**Section 6(f), p. 19 – Adding new goal of poverty reduction**
We support the addition of this new goal, but note that it refers to reducing poverty rather than specifically focusing on reducing child poverty. Under the TANF block grant, the wording of the goals shapes how the funds can be spent. We are concerned that this new goal, without adding the

focus on reducing child poverty, could further expand ways that TANF funds could be spent without regard to whether there is a family with a child.
Page 19, line 21, after "reduce," insert "child"

**Section 6(h), p. 20 – *Open issue for individuals convicted of drug-related crimes***
We urge the Committee to use this opportunity to entirely repeal the ban on TANF (and SNAP) receipt by individuals who have been convicted of drug-related crimes. Over the years, a number of states have opted out, or partially opted out of this ban for their TANF programs because of the unfair treatment of those who have already paid their debt to society, and because it treats those with drug-related convictions more harshly than those with convictions for rape or murder. Most recently, Alabama opted out as part of a criminal justice reform bill. Full repeal of this ban would be the simplest and cleanest way to do this. However, if the Committee does not fully repeal the ban, but instead, narrows it, drafting and design is important so that states that previously have fully or partly opted out are not required to go through that process again (that is, so this does not create a step backwards for many states.) While we urge full rather than partial repeal, language in the REDEEM Act pending in Congress is a model for partial repeal without adversely affecting states that have already acted in this area.

**Section 8 (a), p. 28-9. No counting of third-party spending as MOE**
We support this change, and allowing a phase-in period, but suggest that the language "goods and services" is more narrow than the scope of what can count as third-party MOE under the current federal rules at 45 CFR 263.2(e) and the 2004 policy guidance that authorized third-party MOE. Suggest broadening to match the scope of the HHS language.
P. 28, line 1-2, after "all," strike "goods and services" and insert "expenditures for benefits or services including cash donations and in-kind contributions"
P. 28, line 8, after "such, strike "goods and services" and insert "expenditures for benefits or services including cash donations and in-kind contributions"

**Section 8(e), p. 32 – Open Issue on whether to create a floor on share of spending on core activities**
We urge the Committee to require a floor, such as 50 percent, on TANF and MOE spending on the core activities of work, child care and basic assistance. The Discussion Draft adds a number of new obligations on states – mandating assessments and IOPs, engaging a larger share of recipients in work activities, adding new outcome measure and reporting requirements. Yet it adds no new resources; indeed, repurposing of the Contingency Fund and reduction of the block grants under the proposed outcome measure will mean fewer resources. If states are to step up their work program performance, they will need to invest more resources in work activities and work supports such as child care and transportation. If states are to further the new goal of poverty reduction, families must have access to benefits and services to improve their employment prospects and family outcomes. While some most states already spend over 50 percent of state and federal TANF funds on these core services, nearly half of states do not. And the states that have used block grant funds in other areas of the state budget will not be able to pull the funds back to welfare reform core purposes absent a mandate such as a minimum floor.

**Section 9, p. 35-37. Elimination of marriage penalty.**
We support eliminating the separate two-parent work participation rate and hourly requirement. We also suggest additional provisions to lift the marriage penalty that a number of states continue to impose under TANF. A number of states have carried over "deprivation" requirements from the former AFDC program, even though they have flexibility to drop such provisions under TANF. Specifically, some states have continued the work history test, or the "working less than 100 hours" rule, that applied under AFDC as an element of demonstrating that a child in a two-parent family was deprived of parental support due to the unemployment of a parent. If marriage penalties are truly to be eliminated, states should be prohibited from applying additional eligibility requirements, such as these deprivation policies, to two-parent families. Instead, states should be required to serve two-parent families under the same policies that apply to single-parent families.

**Section 10, p. 40, Subsidized employment demonstration projects**
We recommend that the restriction that federal funds cannot exceed 50 percent of the wages received by a recipient during the period be removed. There is no evidence to suggest that this restriction will produce better impacts than other models. In addition, we are concerned that this restriction may discourage states from developing subsidized employment programs for individuals with the most significant employment barriers where larger subsidies may need to be provided to get employers to hire the program participants. When the TANF Emergency Funds were available, states experimented with a number of different approaches to providing wage subsidies and different approaches are now being tested through two different demonstration projects. Until we have evidence of the most effective models of subsidized employment, we believe states should be able to decide how to structure their programs, including how much of the wages should be paid over the course of a year.

**Section 16, p. 117 – Effective Date**
We think there is a mistake in the reference for one of the exceptions to the overall effective date. We believe that instead of 5(l), the intended section for the exception was likely 6(i) which has a separate effective date, and accelerated effective date option, for the work participation rate changes.

## Other issues

### Strengthen the Family Violence Option and Integrate with the New Assessment and IOP Provisions

There has long been a disconnect between the FVO provisions and other federal requirements including the work requirements. This reauthorization of TANF and the beefed up assessment and IOP provisions represent an opportunity to integrate the Family Violence Option service plans and waivers with the new IOP and work participation rate calculation. Under the current law and rules, a state that has chosen the FVO must screen and identify domestic violence victims and refer to appropriate services. Any federally-recognized FVO waivers must be part of an individualized services plan and must include employment goals, consistent with protections for the victim of domestic violence. Under the TANF rules at 45 CFR 260.50 et seq., a FVO waiver from a state's work requirements is only granted if it would be more difficult for an individual to except domestic violence or if it unfairly penalizes such individuals. Otherwise, the FVO plan must be designed to lead to work. The FVO must be reviewed every six months.

Some FVO waivers and plan might include modified or more flexible work activities and some may provide an exemption from any work participation for a period of time. Under current law and rules, the work participation rate is calculated without making any allowance for modified work requirements as part of a FVO service plan, or for a waiver from work requirements. An FVO waiver, while requiring extensive development and documentation, does not remove that individual from the work rate calculation. (Waivers could come into play only with respect to WPR penalty relief after a state has failed the work rate.) And under current law, there is no flexibility for barrier removal activities, or modified hours, but that could change with the new job readiness component.

We suggest directly incorporating the FVO into the new IOP and work rate calculation. The FVO service plan and activity modifications should be part of the IOP. When the FVO waiver includes an exemption from work participation, the adult should be excluded from the work rate. And when, the FVO waiver and service plan includes modified activities or hours, compliance with the plan should be deemed as engaged in work for WPR purposes, subject to six-month (or three) reviews. Both of these options would give states incentives to better utilize the federal FVO evaluation and review provisions.

**Penalties for not meeting the Work Participation Rate in recent years**

The Discussion Draft does not address what happens to penalties that are in the pipeline for the WPR for years since 2007. Some states are in various stages of penalty relief requests or corrective compliance plans, and the work rates that states have achieved for years after 2012 have not yet been finalized. We suggest that Congress let states start fresh here with a clean slate under the new rules; any penalties for WPR failures from 2007-2015 should be waived.

While the Discussion Draft broadens what can count toward the work rate and redesigns the penalty structure prospectively, it also makes the work rates harder to meet by eliminating the caseload reduction credit and certain worker supplement approaches. It would be unreasonable to require states to achieve corrective compliance under these new rules and yet be subject to the old penalty structure of block grant reductions. And with no new resources, and many new obligations, states should focus on moving forward, not spending time, energy and resources to address past failures under old requirements that Congress has agreed should be changed.

July 24, 2015

The Honorable Charles Boustany, Chairman
The Honorable Lloyd Doggett
Subcommittee on Human Resources
U.S. House of Representatives
Washington DC 20515

Re: Comments on the TANF Reauthorization Draft

The Child Welfare League of America (CWLA) appreciates the opportunity to send our recommendations on the draft Temporary Assistance for Needy Families (TANF) reauthorization.

As a child welfare organization we recognize the role that the TANF block grant plays in funding child welfare services in most of the states and jurisdictions. We know that surveys over the past fifteen years have consistently shown that states have drawn approximately 20 percent of their total federal child welfare funds from the TANF block grant.

While the link between child welfare and welfare assistance is clear in financial terms we also recognize that the TANF block grant is vital in another significant way that is sometimes overlooked. TANF is significant in its role to assist some of the most vulnerable families in our country, especially those families in poverty and deep poverty. This is important if we are to make continued progress in reducing child maltreatment and in increasing permanency for the more than 600,000 children who experience out of home placements during the year.

As recently highlighted in a 2014 ***Child Welfare Journal*** article, ***Child Maltreatment Entrenched by Poverty; How Financial Need is Linked to Poorer Outcomes in Family Preservation:***

> *"Departments of Social Services and localities that may not be adequately supporting families in reducing the risk of maltreatment may be able to better serve those families most at risk by implementing more structurally-focused policy and services that alleviate poverty, addressing those families' material and economic need."*

CWLA sees the TANF block grant as vital to addressing child welfare issues beyond the use of TANF as a source of federal funds for child welfare services but also as a critical tool to provide basic cash assistance and related supports including child care and work supports.

CWLA supports a strong safety net for our most vulnerable families and their children. This TANF reauthorization offers Congress the ability to reassert the TANF block grant as a key source of financial support and as a tool to help alleviate the impact of poverty. Although there are a number of actions we support in relationship to the reauthorization of TANF including the need to increase the TANF block grant above the current $16.5 billion (because it has lost more than 30 percent of its value due to inflation) and the need to increase the mandatory child care fund (which would leverage matching state child care funds), for the most part we focus our remarks on provisions you have included in the draft legislation:

**Individual Opportunity Plans**

This section of the bill sets up a process for evaluation and goals for the individual adult receiving cash assistance. We suggest that as part of "C" under content of the assessment plan that directs states to describe state assistance and services to be provided to the adult, states also outline how the agency will coordinate with other agencies the family may be involved with including the child welfare and the child protection agencies.

In this same section of the draft bill under "E" where the obligations of the individual are outlined including specific benchmarks to be met by the adult that the state also outline a similar set of measurable benchmarks and service the state will meet as part of the individual plan. This is intended to address any potential support services that may have waiting lists or are not available.

Again under this same section of the draft bill under "H" and more generally in regard to the issue of substance use. We suggest that any state that requires drug testing as a part of the assessment or as part of overall eligibility determination, be required to provide any required or needed treatment services. Substance use can be a significant factor in child welfare cases but if needed treatment is not available we are failing to provide key services that will assist adults in obtaining and keeping a job or families staying together.

**Elimination of Caseload Credit**

We support elimination of the caseload credit because it has placed too much emphasis on reduction of cash assistance caseloads since 1996. The overall goal of TANF should include not just assisting adults to find permanent and productive work but it must also include the provision of needed assistance for vulnerable families. Incentives that reward decreasing caseloads in times of great need as was the case during the recession of 2008-09 should not be a goal but in such instances the main goal must be to assist and protect families. We recognize the interaction this caseload reduction credit has on state work targets but caseload reduction in and of itself is a false test of success for this human service program.

**Improved Counting Hours/Work**
We support improvements in how and what qualifies as work. We support allowing states to count as partial work credits for adults who may not be able to meet the full number of hours but who are working. We also support the broader definition of work that a state may be able to count.

As part of this we support the expanded way in which states can count vocation education as meeting the work requirements, the extension to 26 for adults seeking their GED or high school degrees and we suggest that a cap on how many adults are counted under the vocation education provisions be removed.

**Penalty Provisions**
We believe that any penalties assessed on states should be redirected into program improvement plans. If a state is failing to successfully move adults into work or failing to meet their targets, revenue from penalties assessed would be better utilized in working with that state in developing more effective strategies around assistance and work.

**Purposes of the Act**
CWLA supports the inclusion of poverty reduction as one of the purposes of the act as we did more than a decade ago. We feel this is an important step in helping to focus TANF on assistance for poor families.

CWLA also suggests that in addition to adding to the purposes that states being rewarded for increasing the number of poor families (or at least the number of families in deep poverty) receiving assistance. When AFDC was converted into the TANF block grant in 1996 over 65 percent of poor families were receiving cash assistance through AFDC. In recent years that percentage has shrunk to approximately 26 percent of poor families receiving cash assistance.

**Individuals Convicted of a Drug Related Crime**
In response to your request for comment we suggest that the current blanket prohibition on assistance to anyone with a past conviction of a drug related crime should be eliminated. In the ongoing bipartisan efforts to review past legislative mandates in the criminal justice system we feel this ban should also be viewed in the same light. If we are to offer assistance to people, adults and families in the greatest need we must recognize the need for second chances.

**Open Issue of Minimum Spending on Child Care, Cash Assistance and Work Activities**
CWLA supports a minimum level of TANF funds for core services originally covered under TANF, i.e. cash assistance, child care and work support activity as it relates to eventual employment.

We do not know what that proper level of funding would be but could be based on earlier historic spending levels in a specific state along with a review of what percentage of poor families are receiving cash assistance. Clearly if a state is using very little or no funding

for cash assistance they are not provide a key part of the safety net for vulnerable families.

CWLA knows that TANF can be a key source of flexible funds for child welfare but child welfare agencies and more importantly families are not helped if a set of fragile families are pushed into the child welfare system because they were not able to access a crucial part of the human services safety net.

**Elimination of Marriage Penalty**

We support the elimination of the separate and often times too rigorous work requirements and standards for married families. The current work requirements have often failed to take into account the challenges that many of these families experience due to the areas of the country they live in or because of some of the personal challenges that these families may be living with.

**Improving Opportunities Funds**

We support these demonstration projects. We also propose that such case management coordination specifically include how case coordination will involve child welfares services (including child protection) substance abuse services and housing services if the adult and/or family are involved with those human service agencies. Eligibility and other restrictions such as child welfare directives on the termination of parental rights, eligibility requirements connected to eligibility for housing subsidies and other program requirements can sometime create cross purposes and goals between these services and agencies.

**Grants to Improve Child Well-Being By Supporting Two Parent Married Families and Responsible Fatherhood**

We urge the Committee to increase the amount available to tribal governments and consortia to at least $5 million, more than doubling the total now permitted. Many of these governments and consortia are of very limited financial resources and $2 million for an important initiative such as for prevention of child abuse and neglect, the provision of supportive services to children in out-of-home care and improved case management are too important to be underfunded.

Under the section that promotes responsible fatherhood we urge the committee to also allow the funding of activities that promote fatherhood involvement in child welfare cases. Some initial work has been conducted in this area and we need to extend the outreach to fathers and the father's family when a child is in state custody and such involvement is appropriate.

**Additional Concerns:**

In regard to data collection we suggest that states, through TANF in coordination with the child welfare agency collect data on the number of children in child only families that are in state custody while receiving child-only grants. In addition the state should indicate if these children are also counted as part of their AFCARS data as in the out-of-home care category.

We also propose that under the TANF program, if a state also has a Title IV-E subsidized guardianship program that families be informed of their options including the options available under Title IV-E, the supports available and the benefit levels provided under TANF compared to Title IV-E. Information is required under Title IV-E but not under the TANF program.

We also propose that the law assure that work and other requirements do not apply to kinship placements and that states specify in state TANF plans the treatment of kinship caregivers, including: kinship caregiving definitions (relative, fictive kin, and caregiver); detailing the caseworker training related to kinship caregivers; and how relative caregivers' benefits are affected by the temporary presence of the biological parent.

We appreciate this opportunity to offer these comments to the subcommittee and look forward to working with Subcommittee members. If you need additional information feel free to contact John Sciamanna at jsciamanna@cwla.org.

Sincerely,

Chris James-Brown
President and CEO

| | |
|---|---|
| **From:** | Kevin Aslanian |
| **To:** | Submissions, Ways and Means |
| **Subject:** | Boustany Announces Hearing on Welfare Reform Proposals |
| **Date:** | Saturday, July 25, 2015 12:05:38 PM |
| **Attachments:** | CCWRO TANF W&MC Bill Recipient Impact Statement 6-24-15.docx |

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*Kevin Aslanian*

CCWRO

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*"The work goes on, The cause endures, The hope still lives, and the dream never dies!" T.M. Kennedy*

**Please consider the environment before printing this email or mailing something**

*"We fail to see that some are mired in desperate and degrading poverty, with no way out, while others have not the faintest idea of what to do with their possessions, vainly showing off their supposed superiority…" –Pope Francis*

# RECIPIENT IMPACT STATEMENT

## Welfare Reform Proposal by The House Human Resources Subcommittee of the House Ways and Means Committee

Boustany Announces Hearing on Welfare Reform Proposals

**JULY 15, 2015**

**HEARING HUMAN RESOURCES WELFARE REFORM**

Congressman Charles Boustany (R-LA), Chairman of the Subcommittee on Human Resources of the Committee on Ways and Means, today announced that the Subcommittee will hold a hearing on welfare reform proposals, specifically involving the reauthorization of the Temporary Assistance for Needy Families (TANF) program.

**The hearing will take place on Wednesday, July 15, 2015, in 1100 Longworth House Office Building, beginning at 10:30 A.M.**

The subcommittee invites witnesses and other interested parties to submit testimony and comments on the following Committee Discussion Draft of welfare reauthorization legislation: COMMITTEE DISCUSSION DRAFT

**Kevin Aslanian, Executive Director**
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Dear Chairperson Boustany:

As an antidote to poverty for families with children in America, the TANF program has failed. As a result of the callous treatment families endure from the state governors, legislators and TANF administrators, millions of children will endure lifelong problems, including profound health issues.

Several years ago, a *60 Minutes* segment on the CBS network, presented the tough journey of a homeless family, living in the southern United States, who could only qualify for SNAP. The TANF program was not even mentioned as a benefit to help poor and homeless families. This Committee should enact a TANF reform bill that would be consistent with Pope Francis's recent encyclical letter wherein he wrote: *"We fail to see that some are mired in desperate and degrading poverty, with no way out, while others have not the faintest idea of what to do with their possessions, vainly showing off their supposed superiority…"*

No family in the United States should have a TANF grant less than 100% of the federal poverty level. See **TABLE #1** that reveals the average TANF payment level is less than 25% of the federal poverty level.

The TANF program has been a federal "bonanza" for States who are charged with assisting parents of poor children get on the road to self-sufficiency. In 2015, only 30% of the total TANF block grant and State MOE funding is used to meet the family's basic survival needs, such as rent, utilities and clothing. TANF money is a great source of funding for the welfare industry and bureaucracy who receive 70% of TANF money while only 30% goes to payments to impoverished families. As contrast, the previous Aid to Families With Dependent Children (AFDC) Program paid 70% of the AFDC funds for direct benefits payments to families. AFDC was funded with 50% federal dollars and 50% state dollars.
**TABLE #2** reveals the how States fleece the TANF program.

Since the inception of TANF, California has been able to fleece the TANF program out of $23 billion while TANF/CalWORKs children lead the nation in child poverty. Today, the average grant is about 30% of the federal poverty level. See **TABLES #3.**

How do States manage to use less than 30% of the federal TANF allocation and the State Maintenance of Effort (MOE) for cash assistance? States are operating inhumane and punitive public assistance programs. Most states impose full family sanctions upon families with children whose parent has allegedly not participated in the state employment programs even if the individual did not have childcare or transportation. States do this to meet the Work Participation Rates (WPR) through caseload reductions as well as eliminating families out of the numerator for the WPR calculations.

Many children who are subjected to full family sanctions end up in the foster care system accused of negligence. In reality, it's "State induced *economic* negligence" because parents cannot meet their child's basic needs due to the sanctions. A lot of the TANF dollars are used by States to fund their foster care program – aiding the TANF children. We now have "TANF government children" in the foster care system that would have been with their natural parents when we had the AFDC program.

What is the fiscal difference between TANF and foster care? In California, CalWORKs (TANF) costs on the average $200 a month per child while costing $2,200 a month for a child in foster care.

**TABLE # 1**

**In 2015, the Federal Poverty Level for a Family of Three is $1,674 a month**

| States | TANF (3 Children) | Percentage of Federal Poverty Level | | States | TANF (3 Children) | Percentage of Federal Poverty Level |
|---|---|---|---|---|---|---|
| Alabama | $215 | 13% | | Missouri | $292 | 17% |
| Alaska | $656 | 39% | | Montana | $504 | 30% |
| Arizona | $278 | 17% | | Nebraska | $364 | 22% |
| Arkansas | $204 | 12% | | Nevada | $383 | 23% |
| California | $694 | 41% | | New Hampsh. | $675 | 40% |
| Colorado | $404 | 24% | | New Jersey | $424 | 25% |
| Connecticut | $576 | 34% | | New Mexico | $447 | 27% |
| Delaware | $428 | 26% | | New York | $900 | 54% |
| DC | $270 | 16% | | North Carolina | $272 | 16% |
| Florida | $303 | 18% | | North Dakota | $310 | 19% |
| Georgia | $280 | 17% | | Ohio | $434 | 26% |
| Hawaii | $763 | 46% | | Oklahoma | $241 | 14% |
| Idaho | $309 | 18% | | Oregon | $477 | 28% |
| Illinois | $284 | 17% | | Pennsylvania | $403 | 24% |
| Indiana | $256 | 15% | | Rhode Island | $554 | 33% |
| Iowa | $426 | 25% | | South Carolina | $216 | 13% |
| Kansas | $375 | 22% | | South Dakota | $681 | 41% |
| Kentucky | $262 | 16% | | Tennessee | $232 | 14% |
| Louisiana | $240 | 14% | | Texas | $179 | 11% |
| Maine | $386 | 23% | | Utah | $498 | 30% |
| Maryland | $733 | 44% | | Vermont | $710 | 42% |
| Massachusetts | $633 | 38% | | Virginia | $389 | 23% |

| | | | | | | |
|---|---|---|---|---|---|---|
| Michigan | $420 | 25% | | Washington | $478 | 29% |
| Minnesota | $532 | 32% | | West Virginia | $340 | 20% |
| Mississippi | $170 | 10% | | Wisconsin | $550 | 33% |
| | | | | Wyoming | $561 | 34% |

## TABLE #2

| Federal Fiscal Year | Total Federal TANF and State MOE Funds | Total Spent for Payments to Poor Families with Children | Percentage of TANF dollars Going to Cash Assistance to TANF Families | Children Living in Deep Poverty - 50% of the federal poverty level | Children Living Below 100% of the Federal Poverty Level |
|---|---|---|---|---|---|
| 1997 | $19,603,114,268 | $13,901,705,312 | 71% | 2,640,694 | 6,269,998.00 |
| 1998 | $22,772,430,582 | $13,927,623,731 | 61% | 2,519,906 | 6,001,292.00 |
| 1999 | $26,954,983,262 | $13,165,747,213 | 49% | 2,283,492 | 5,601,860.00 |
| 2000 | $28,275,174,613 | $11,180,400,974 | 40% | 2,108,912 | 5,212,228.00 |
| 2001 | $28,499,551,177 | $10,143,465,544 | 36% | 2,153,071 | 5,197,115.00 |
| 2002 | $28,372,057,418 | $9,408,233,518 | 33% | 2,266,480 | 5,434,762.00 |
| 2003 | $29,056,889,945 | $10,218,545,347 | 35% | 2,441,227 | 5,760,902.00 |
| 2004 | $28,541,831,816 | $10,389,421,895 | 36% | 2,579,276 | 6,003,736.00 |
| 2005 | $28,439,900,706 | $10,739,000,687 | 38% | 2,568,050 | 5,975,370.00 |
| 2006 | $28,445,736,836 | $9,906,038,682 | 35% | 2,554,450 | 5,973,777.00 |
| 2007 | $30,006,456,645 | $9,068,930,860 | 30% | 2,577,614 | 6,041,259.00 |
| 2008 | $30,989,868,539 | $8,648,970,019 | 28% | 2,663,741 | 6,173,802.00 |
| 2009 | $33,534,692,301 | $9,323,502,540 | 28% | 2,877,916 | 6,590,502.00 |
| 2010 | $35,848,113,846 | $10,699,142,042 | 30% | | |

There is no reason why Congress should not DEMAND that states use at least 70% of the funding for payments to needy families (cash assistance) rather than allowing states to use 70% of the TANF funds to pay for bureaucratic costs, especially when Congress has appropriated billions for employment and childcare programs in the past two years. These funds must first be used for those in the highest need – TANF recipients.

The other major reform needed in the TANF program is to assure that the TANF is a program helping "poor families" and not "greedy states". USDA keeps track of the number

**The other major reform needed in the TANF program is to assure that the TANF is a program helping "poor families" and not "greedy states".**

of people potentially eligible for SNAP and how many receiving SNAP. TANF has no similar information. It seems like Congress and States don't care that there are families suffering in deep poverty that should be eligible for TANF but cannot overcome the path to eligibility that is loaded with landmines that are often insurmountable.

## Is the State Welfare Agency the Right Entity for Employment Services for the Poor of America?

We encourage the House to end the welfare office responsibility to find jobs for welfare recipients. The welfare department is not the jobs department. TANF mandates that the welfare department perform the "jobs" function. Recently, Congress enacted the Workforce Investment Program. Section 2 of PL. 113-128 states:

> *The purposes of this Act are the following:*
>
> *(1) To increase, for individuals in the United States, particularly those individuals with barriers to employment, access to and opportunities for the employment, education, training, and support services they need to succeed in the labor market.*
> *(3) To improve the quality and labor market relevance of workforce investment, education, and economic development efforts to provide America's workers with the skills and credentials necessary to secure and advance in employment with family-sustaining wages and to provide America's employers with the skilled workers the employers need to succeed in a global economy.*

***Welfare recipients are also Americans and they should have the same opportunities to be assisted by the state employment professionals and not be subjected to the segregated employment programs operated by the welfare officials of the various states.***

Congress authorized over $3.3 billion a year to operate employment programs for Americans in the most recently reauthorized WIA act P.L. 113-128. In California there is another estimated $5.6 billion employment programs for Californians.

Welfare recipients are also Americans and they should have the same opportunities to be assisted by the state employment professionals and not be subjected to the ***segregated employment programs*** operated by the welfare officials of the various states.

# Section-By-Section Analysis The Ways & Means Committee "Discussion Draft"

## SECTION 3. EXTENSION OF PROGRAM – Page 2, Line 7

**RECIPIENT IMPACT STATEMENT**: None.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – None

## SECTION 4. NO WAIVER OF WORK REQUIREMENT – Page 3, Line 19

**RECIPIENT IMPACT STATEMENT:** Historically most waivers issued by HHS has had a negative impact on the beneficiaries of the AFDC and now TANF program.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – None

## SECTION 5. INDIVIDUAL OPPORTUNITY PLANS – Page 4, Line 11

**RECIPIENT IMPACT STATEMENT**: Opportunity plans, employment plans or contracts, rarely give beneficiaries an opportunity to elect a path to self-sufficiency. A family has less chance of becoming self-sufficient when the entire process gives the government all of the decision-making and the beneficiary has no say in it. Many will NOT achieve independence when the whole process starts with making the individual totally dependent on the whims of the state welfare agency. If the individual is going to achieve independence, Congress needs to trust the individual to make decisions on how to achieve self-sufficiency. Currently, participants must either obey the state welfare agency, who believe they know best how to achieve self-sufficiency, or be sanctioned and face the loss of all TANF benefits.

**Many will NOT achieve independence when the whole process starts with making the individual totally dependent on the whims of the state welfare agency. If the individual is going to achieve independence, Congress needs to trust the individual to make decisions on how to achieve self-sufficiency.**

Under this proposal, the opportunity plan is developed in consultation with the beneficiary, but given §408(b)(2), the desires of the participant will not be reflected in the plan. First of all, the beneficiary, or the individual as stated in this bill, would sign the plan presented by the TANF department or face the total loss of "all" TANF benefits in many states. This does not present a landscape of fair "consultation".

Moreover, the information being gathered pursuant to §403(b) is meaningless if the individual does not have verified access to the services. In California, 50% of the participants do not receive transportation assistance even though the law mandates that the state agency pay for transportation. **See TABLE # 4**. The reason is very simple. There is no requirement for the state or local agency to verify that the individual has transportation or childcare before being required to participant in an activity or be sanctioned.

**CCWRO POSITION** – Support if amended

**CCWRO RECOMMENDATIONS** – In order to make the consultation process more effective we suggest the following amendment:

On page 5, line 25, after the word "employment" insert:

> *The plan shall allow the agency to suggest the employment activity that the agency determines is appropriate for the individual. The plan shall also state other activities that the state agency provides in its state plan. The proposed plan shall be mailed to individual and the individual shall select the activity offered by the state agency or another activity in the state plan.*

*The activity selected by the individual shall be approved unless the state agency has documentary evidence that the activity selected by the participant would not enhance the individuals' employability;*

*The state agency shall verify, through documentary evidence, that the individual actually has the needed supportive services before requiring the individual to participate in any activity that would be subject to the penalties under section 408(b)(3).*

# SECTION 6. STRENGTHENING REQUIREMENTS TO ENGAGE RECIPIENTS IN WORK AND WORK PREPARATION ACTIVITIES

## SECTION 6(a), (b) ELIMINATION OF CREDIT TOWARD WORK PARTICIPATION REQUIREMENT FOR CASELOAD SIZE AND EXCESS STATE SPENDING & COUNTING OF WORK PERFORMED BY INDIVIDUALS RECEIVING ATYPICAL BENEFIT PAYMENTS – Page 8 Line 4 and Line 10

**RECIPIENT IMPACT STATEMENT**: This is a good change for beneficiaries in that it would make sure that the state gets credit for "positive outcomes" – moving families to self-sufficiency and not into deep poverty. Currently, states are rewarded for terminating cases and imposing full-family sanctions that leave the family in deep poverty. States have also become masters of 101 ways to prevent a family in need from receiving TANF benefits.

***This is a good change for beneficiaries in that it would make sure that the state gets credit for "positive outcomes" – moving families to self-sufficiency and into deep poverty.***

With this change states would have to think about positive terminations – hopefully. The fact that states do not have to spend a specified amount of the TANF and TANF MOE funds for cash assistance still leaves the door wide open for states to use funds for themselves and not for the TANF recipients.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS**- None

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## SECTION 6(c)(1) - ELIMINATION OF DISTINCTION BETWEEN CORE AND NON-CORE ACTIVITIES – Page 10, Line 13

**RECIPIENT IMPACT STATEMENT**: This change would simplify the program and encourage state agencies to offer individuals more options that would help them in their efforts to achieve self-sufficiency. States that may give TANF participants a choice would now be able to make a choice.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** - None

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## SECTION 6(c)(2) ALLOWING STATES TO RECEIVE PARTIAL CREDIT FOR PARTIAL ENGAGEMEMNT – Page 10, Line 20

**RECIPIENT IMPACT STATEMENT**: This change would finally recognize the efforts of the individual to meet the federal WPR, even if it is a partial effort. All efforts should be recognized.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – None

## SECTION 6(c)(3) STATE OPTION TO REQUEST ALTERNATIVE WORK PARTICIPATION CALCULATION -– Page 11, Line 16

**RECIPIENT IMPACT STATEMENT**: From the perspective of the TANF beneficiary the best outcome of the TANF program is to obtain the tools needed to become self-sufficient through a self-sufficiency path selected by the individual and not the state welfare bureaucrat.

Congress should also be aware that this does not happen overnight. First of all, families living on a fixed income that is less than 25% of the federal poverty rate, are in deep poverty. They are competing for jobs with people who are dressed, have a computer, cell phone, car and money for transportation. Most TANF beneficiaries lack many of these resources.

**CCWRO POSITION** – Support if amended as set forth below

**CCWRO RECOMMENDATIONS** – The TANF recipients are the customers of this program. We believe that TANF recipient evaluation of the performance of the state welfare agency should be given adequate weight.

California's Welfare-to-Work (WtW) program spends about $2.2 billion a year on work and childcare programs and less than 2 to 3% of the participants find employment that results in the termination of TANF benefits.

On the other hand, the WtW program sanctions over 50% of the unduplicated participants. **See TABLE # 4**.

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## SECTION 6(c)(5) MODIFICATION OF RULE PROVIDING FOR PARTICIPATION BY REASON OF SECONDARY SCHOOL PARTICIPATION – Page 13, Line 20

**RECIPIENT IMPACT STATEMENT**: Education is the only real effective antidote to poverty in the 21st century. **This proposal is a very small step in helping TANF recipients to achieve self-sufficiency through education.** As recent history has shown us, jobs yielding incomes that allow for self-sufficiency have migrated to other countries. Jobs yielding income that would support a family demand workers with education higher than a high school diploma. Most TANF recipients lack high school diplomas.

***Jobs yielding income that would support a family demand workers with education higher than a high school diploma. Most TANF recipients lack high school diplomas.***

We would suggest that rather than having a 2-year ceiling on education, states be required to have a program that provides *at least two-years of secondary school education* and allow states to approve more than two years at their option.

**CCWRO POSITION** – Support if amended as stated below.

**CCWRO RECOMMENDATIONS** – Amend the bill as follows:

On page 14, strike lines 8 through 11 and in lieu thereof insert:

> *(6) The individual who maintains satisfactory attendance at secondary school or the equivalent for at least 24 months and, at the state's option, for a longer period provided the participant is making satisfactory progress as defined by the secondary education entity that the individual is attending.*

**OPEN ISSUE**

## SECTION 6(c)(6) WHETHER TO ADJUST CURRENT CAP ON SHARE OF WORK PARTICIPATION RATE THAT CAN BE SATISFIED BY PARTICIPATION IN EDUCATION – Page 14, Line 8

**RECIPIENT IMPACT STATEMENT**: Education is the most effective way to help TANF recipients achieve self-sufficiency. As recent history has shown us, jobs yielding incomes that allow for self-sufficiency have migrated to other counties.

Individuals should have a right to decide the best path to self-sufficiency and Congress should provide states with the flexibility to accommodate the individu-

als' decision how to overcome deep poverty that the majority of TANF recipient endure today – they live on a cash assistance of 25% of the federal poverty level.

**CCWRO POSITION** – Support lifting the cap.

**CCWRO RECOMMENDATIONS** – Remove all caps. If workfare and job search have no caps, then education should not have a cap. Let the beneficiaries decide and not Washington – "the bureaucrats what best for the TANF individuals".

## SECTION 6(c)(4) MODIFICATION OF COUNTING JOB SEARCH AS WORK - Page 14, Line 8

**RECIPIENT IMPACT STATEMENT**: This change would increase the job search period to three months. We have seen many job search programs that require individuals without a high school diploma, non-English speakers or individuals with a felony record to look for jobs that they are not equipped to do or jobs that do not exist. It makes more sense if the state submits quarterly plans to the HHS regional office for approval, showing the availability of jobs so that the individual is not merely submitting applications and getting a piece of paper signed just to satisfy the state and local workfare bureaucrats. This is burdensome on small business owners, who have to take applications for jobs that do not exist, just to make sure that the individual, who is also a customer of the small business, satisfies the welfare agency's need for paper proof that the individual applied for a job.

***This is burdensome on small business owners, who have to take applications for jobs that do not exist, just to make sure that the individual, who is also a customer of the small business, satisfies the welfare agency's need for paper proof that the individual applied for a job.***

**CCWRO POSITION** – Oppose unless amended.

**CCWRO RECOMMENDATIONS** – Amend the law to require that States demonstrate with objective statistical information that the job search being performed by individuals to meet the federal WPR are for jobs that actually exists and that states are not "gaming the system" by forcing individuals looking for jobs that do not exist.

## SECTION 6(c)(7) REQUIREMENT TO REVIEW INDIVIDUAL OPPORTUNITY PLANS FOR INDIVIDUALS INVOLVED IN JOB READINESS ACTIVITIES FOR LONGER THAN THREE MONTHS– Page 14, Line 12

**RECIPIENT IMPACT STATEMENT**: This is a positive change, but, from the perspective of the individual, the current draft is meaningless. This section simply requires the State to "certify" that more job search would be good for the person

after the three months of, often frivolous, job search, that is a total waste of taxpayer dollars. Under the federal AFDC Work Incentive Program (WIN), California had a 3-day job search that yielded more employment than today's glorified job clubs and never ending job search programs. Although job search is cheaper than training and education, it does not lead to self-sufficiency.

Finally, it is puzzling that the state agency is required to determine if the participant can be sanctioned pursuant to section 408(b)(3). The insertion of 408(b)(3) implies that the individual has done something wrong by not finding a job after looking for work for three months – when there was no finding by the state agency that there were any available jobs in the first place that the participant could perform and all barriers to self-sufficiency have been identified and verifiably removed.

**CCWRO POSITION** – **OPPOSE** unless amended as stated below.

**CCWRO RECOMMENDATIONS** – Amend the bill as follows:

On page 15, strike lines 3 through 8 and in lieu thereof insert:

> "unless *the individual certifies in writing that continued participation in such an activity would support and prepare the individual for employment or in the alternative it would not. The individual shall make a choice between the two options in writing.*
>
> *The state agency shall provide objective evidence that the additional job search would yield self-sufficiency. The state agency shall provide quarterly reports of the number of individuals who participated in the job search activity and the number of participants finding employment that yielded income over 100% of the federal poverty level. If two consecutive quarterly reports show that the state agency has not met this standard, then the state shall no longer be allowed to operate a job search program more than three months."*

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## SECTION 6(c)(9) INCREASE IN TIME LIMIT ON COUNTING VOCATIONAL EDUCATION TRAINING AS WORK – Page 15. Line 19

**RECIPIENT IMPACT STATEMENT**: This would be beneficial to TANF beneficiaries.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – As stated above, states should have flexibility to go beyond this 24-month limit. One-size does not fit all.

**OPEN ISSUE**

## SECTION 6(c)(10) HOW TO VERIFY PARTICIPATION ACTIVITIES- Page 15, Line 23

**RECIPIENT IMPACT STATEMENT**: How to verify TANF activities? From the perspective of the TANF beneficiary, participation alone is not much benefit, if it is done just to meet the desires of the statute to show that TANF recipients are doing something that has no positive outcomes for the beneficiary. From the perspective of the beneficiary, a positive outcome is getting the necessary tools to obtain and retain employment that would propel the family out of poverty and into self-sufficiency.

The TANF program has time limits. Time limits impede the ability of beneficiaries to acquire the tools needed to obtain and retain employment that would pay more than the poverty level. The purpose of the employment program is to remove the barriers that the beneficiary has preventing her or him from getting a job that pays a family wage. The removal of those barriers cannot be done the same way for all beneficiaries. Each individual, just like each state, has different needs and barriers. Some need extensive education, while others need a refresher course. Transportation is generally a major problem for finding and maintaining a job for TANF recipients. Yet most states do thing to address this major barrier except for sometimes paying for public transportation, if the beneficiary is lucky.

In California about 50% of the beneficiaries actually participating do not receive transportation services. **See TABLE # 4.** Moreover, there is nothing in the federal law that says the beneficiary shall receive transportation. In America today, thousands and thousands of families endure full-family sanctions because they did not have money for transportation and could not use their TANF grant to pay for transportation after paying for rent and utilities, with the TANF grants being 25% of the federal poverty level.

Often beneficiaries who find employment and become self-sufficient, do not report it to the welfare department because of the relationship of the welfare system and the individuals – the state agency is the overbearing parent always threatening “sanctions” and the individual just can’t wait to get out of the horrible relationship. This is not to say that there are not individuals who adore their state employment worker. But as a general rule they don’t, thus they do not tell the welfare system that they got a job. On the other hand, if the statute would man-

date that individuals who meet the provisions of the opportunity plan and provide evidence of self-sufficiency, they should be given an incentive for reporting and achieving the milestone of self-sufficiency that is meaningful.

**CCWRO POSITION** – Support if the participation rates are based on achieving the benchmarks of the individual's "opportunity plan" by 50% and having 50% of those eligible for TANF to be participating in the TANF program and require states to provide meaningful bonuses to individuals who become self-sufficient and report that to the state agency.

**CCWRO RECOMMENDATIONS** – The discussion draft has a proposal for an "opportunity plan". The TANF program has two primary goals: (1) assistance to needy families; and (2) getting the TANF recipients to become self-sufficient by meeting the benchmarks of the TANF opportunity plan.

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## SECTION 6(d) PENALTY FOR FAILURE TO SATISFY MINIMUM PARTICIPATION RATES – Page 16, Line

**RECIPIENT IMPACT STATEMENT**: We would oppose this provision unless it protects the individuals that the program is supposed to serve from being punished through reduction of cash assistance payments because of the failure of the State to meet the federal minimum participation rates. The children suffer the most by having States reduce the already low payment levels of payments to families.

**CCWRO POSITION** – Support if amended as stated below.

**CCWRO RECOMMENDATIONS** – Amend the bill as follows:

> *On page 17, between lines 11 and 12 insert:*
>
> *"(C) In no event shall payments to families in the form of cash assistance be reduced that have any explicit or implied connection to the state's failure to meet the requirements of this section."*

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## SECTION 6(e) REPORT OF NON-ENGAGEMENT OF NON-WORKING RECIPIENTS Page 17, Line 16

**RECIPIENT IMPACT STATEMENT**: Many beneficiaries are not engaged because the state agency has failed to assure that they have childcare and transportation services. While Congress wants to *"verify"* participation, there is no requirement that state agencies *"verify"* that the individual actually has supportive

services before being required to participate in an activity and be subject to the provisions of Section 408(b)(2).

**CCWRO POSITION** – Support if amended.

**CCWRO RECOMMENDATIONS** – Amend the bill to include monthly sanction reports to let the public know the number of children enduring TANF-caused government *economic child abuse* that often leads to the destruction of the family with children ending up in foster care.

The report should also document whether or not supportive services were actually available before the individual was asked to engage and did not engage.

In California, local welfare workers tell participants that the county will pay for childcare. However, before childcare can be paid, the provider must be approved by Trust line[1]. If the provider fails Trust line, the provider is not paid for his/her work. Thus, the community learns that the welfare office does not speak the truth when they say they will pay for childcare and refuse to work as a childcare provider unless paid in advance. In California, and I believe in most states, childcare payments cannot be advanced.

Congress should know that just because there are millions of dollars appropriated for TANF recipients for childcare, does not mean the individuals actually receive childcare.

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## SECTION 6(f) PURPOSES OF TANF PROGRAM TO INCLUDE REDUCING POVERTY – Page 19, Line 13

**RECIPIENT IMPACT STATEMENT**: The reason that the TANF program has been a bonanza for States in that the TANF money can be used for anything rather than families who meet the rigorous eligibility and work requirements of the TANF program. This has caused extreme undue hardship upon impoverished families of America while showering states with federal money that is minimally used to relieve poverty and it is generally used to provide “aid to state bureaucracies”.

**CCWRO POSITION** – Support if amended.

**CCWRO RECOMMENDATIONS** – Limit the purpose of the using the TANF money for the families who meet the eligibility requirements and are required to

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[1] TrustLine is a California’s registry of license-exempt childcare providers who have been through a criminal background screening and clearance process.

participate in employment programs and are subject to the provisions of 408(b)(3).

OPEN ISSUE

## SECTION 6(h) ELIGIBILITY OF INDIVIDUALS CONVICTED OF DRUG-RELATED CRIMES – Page 20, Lines 8-9

**RECIPIENT IMPACT STATEMENT**: Children are always better off with their natural parents, even with a natural parent who has done wrong and done the time.

The denial of TANF benefits to parents who have criminal convictions and have served time in jail or prison should not continue to be punished because such continued punishment has a negative impact on the children. Moreover, by denying aid to the parent, the parent is also being denied the opportunity to receive case management and assistance in becoming self-sufficient.
**CCWRO POSITION** – See below.

**CCWRO RECOMMENDATIONS** – This policy has always been anti-family and anti-child resulting in government-induced *economic child abuse*. It should be repealed. Every child needs a parent, and no child should be punished because his or her parent did wrong, paid the price and now wants to do right.

## SECTION 7. PROMOTING INCREASED EMPLOYMENT, RETENTION, AND ADVANCEMENT AMONG FORMER TANF RECIPIENTS – Page 21, Line 1.

**RECIPIENT IMPACT STATEMENT**: Former TANF recipients would be very happy to get assistance.

**CCWRO POSITION** – Support if amended

**CCWRO RECOMMENDATIONS** – This section should specify the amount of money to be used to pay for case management services, which should be no more than 50%. The remaining funds should be used to aid former TANF recipients with supportive services, such as childcare, transportation and other ancillary needs

# SECTION 8. STRENGTHENING TANF FINANCIAL REQUIREMENTS

## SECTION 8(a)(1). No Counting of Third-Party Spending to Meet State Spending Requirements – Page 28, Line 15

**RECIPIENT IMPACT STATEMENT:** This would have a positive impact on TANF recipients in that it stops the States from "gaming the system" and pretending to count money that does not reach TANF recipients, in that, the beneficiaries of those funds do not have to meet the TANF eligibility and work requirements.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – None

## SECTION 8(a)(2). No Counting of Spending on Medical Services to Meet State Spending Requirement – Page 29, Line 23

**RECIPIENT IMPACT STATEMENT:** This would have a positive impact on TANF recipients in that it stops the States from "gaming the system" and pretending to count money that does not reach TANF recipients in that the beneficiaries of those funds do not have to meet the TANF eligibility and work requirements.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – None

## SECTION 8(c). Prohibition on Use of Federal TANF Funds for Families with Income Greater Than Twice the Poverty Line – Page 30, Line 9

**RECIPIENT IMPACT STATEMENT:** This would have a positive impact on TANF recipients in that is stops the States from "gaming the system" and pretending to count money that does not reach TANF recipients in that the beneficiaries of those funds do not have to meet the TANF eligibility and work requirements.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – This section should be amended to include the State TANF Maintenance of Efforts to prevent the States from finding another way to game the system.

OPEN ISSUE

## SECTION 8(e). HOW SHOULD STATES USE THE TANF FUNDS? Page 32, Lines 20-23

**RECIPIENT IMPACT STATEMENT:** States have been fleecing the TANF program and gaming the system for decades. The name of this program is "Temporary Assistance to Needy Families" and not "Aid to Needy States".

**The program has been functioning as a program that provides "*aid to needy, and often greedy, states*".**

The program has been functioning as a program that provides "aid to needy, and often greedy, states". California's budget reveals that TANF has contributed over $1.5 billion a year to the state general fund while the average family on TANF/CalWORKs is getting cash assistance that is equal to about 30% of the federal poverty level. **See TABLE #3** showing the history of California's budget for the TANF program. This is from the Governor's proposed budget. Taking from poor children and families is not a California phenomenon. It is something done by majority of the States.

**CCWRO POSITION** – See recommendation below.

**CCWRO RECOMMENDATIONS** – Limit TANF expenditures to TANF-eligible recipients who are required to meet the TANF work requirements. The federal TANF grant and the State Maintenance of Efforts (MOE) funds shall be used by states as follows:

| Expenditures | Floor –Percentage of Federal TANF and State MOE funds |
|---|---|
| Cash Assistance – Payments to Needy Families | 70% |
| Child care- There is already the Child Care Block Grant available for TANF. 10% should be more than sufficient | 10% |
| Work activities | 10% |
| Administration | 10% |

Any funds not used by the state in any year shall be returned to the federal government and used to pay of the U.S. public debt. In 2013 states failed to use over $3 billion. In 2014 there were about $1.5 billion not used. There are some who are advocating for the increase of the TANF block grant. We would support increasing the TANF block grant if states had to do a 100% match and use 70%

**In 2013 states failed to use over $3 billion. In 2014 there were about $1.5 billion not used. There are some who are advocating for the increase of the TANF block grant. We would support increasing the TANF block grant if states had to do a 100% match and use 70% for cash assistance. We do not support "welfare for state government".**

for cash assistance. We do not support “welfare for state government”.

The administrative costs of other means-tested programs and employment programs:

| Program | Administration Costs |
|---|---|
| SNAP, formerly known as food stamps | 5% for state and local SNAP agencies |
| Supplemental Security Income (SSI) | Less than 1% |
| Unemployment Insurance that includes a work program (in 2010 according to the GATO institute) | $134 billion in benefits and administrative cost of 5.9 billion = .004% |

## SECTION 8(f)(2). LIMITS ON ACCESS TO ASSISTANCE IN CASINOS, STRIP CLUBS, AND LIQUOR STORES – Page 33, Line 5

**RECIPIENT IMPACT STATEMENT:** These federal restrictions have already been implemented in California. The major problem facing TANF recipients is that with “Electronic Benefits Transfer” banks have been fleecing TANF recipients by charging fees to use the banks’ ATM machine to access their funds.

| Calendar Year | TANF Recipient Payments to Banks in the Form of Surcharges and Fees |
|---|---|
| 2011 | $20,234,150 |
| 2012 | $19,377,374 |
| 2013 | $18,875,475 |
| 2014 | $19,595,619 |

**CCWRO POSITION** – see below

**CCWRO RECOMMENDATIONS** – Prohibit the state agency from requiring any TANF individual from being required to pay any fee or surcharge to any bank to access their TANF benefits.

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## SECTION 9. ELIMINATION OF THE MARRIAGE PENALTY – Page 35, Line 9

**RECIPIENT IMPACT STATEMENT:** This is a good step in supporting marriage. Congress should go one more step and prohibit the use of any TANF funds or TANF MOE funds for state TANF policies that results in a penalty for being married.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – Prohibit the use of any TANF funds or TANF MOE funds for state TANF policies that results in a penalty for being married.

---

**OPEN ISSUE**

## SECTION 11(b). REQUIRE SECRETARY OF HHS, USDA, HUD AND OTHER SECRETARIES TO REPORT TO CONGRESS ON BARRIERS TO IMPROVING PROGRAM COORDINATION AND HOW TO DEVELOP CROSS-PROGRAM ACCOUNTABILITY – Page 92, Line 3

**RECIPIENT IMPACT STATEMENT:** The major barriers for beneficiaries to assistance lies in the fact that each program has different eligibility requirements. Recipients must complete and file multiple applications when it can be done more efficiently through horizontal integration. This means that if a person is eligible for TANF, then they should also be eligible for SNAP, WIC if the child is at the WIC age, Section 8, childcare, school meals and other programs, if otherwise eligible.

Recipient would OPPOSE putting these programs in one pot to be administered by the welfare office or another office that is not in business of running all of these programs. Lumping programs together into one pot would mean beneficiaries would receive benefits, but the outcomes would not yield maximum benefits to the beneficiary as the program has potential to deliver.

**CCWRO POSITION** – None

**CCWRO RECOMMENDATIONS** – The Secretaries should review their programs and try to align the eligibility requirements to streamline and *simplify the administration of the program designed for the same beneficiary*. They should report to Congress annually what statutory eligibility requirements impede the simplification of the programs designed to assist low-income persons and families.

## SECTION 13. RESEARCH AND EVALUATION – Page 108, Line 12

**RECIPIENT IMPACT STATEMENT:** There is very little research as to why so many families who live in deep poverty, are able to eat, but are homeless and receive no cash assistance. The barriers to participation in the TANF program should be extensively reviewed to spot barriers to participation similar to the way USDA identified barriers to participation in the SNAP program, unless it is the intent of Congress to enact a program and then erect barriers between the program and its intended beneficiaries. A family eligible for TANF and SNAP should leave the welfare office with both SNAP and TANF, if otherwise eligible.

***The barriers to participation in the TANF program should be extensively reviewed to spot barriers to participation similar to the way USDA identified barriers to participation in the SNAP program, unless it is the intent of Congress to enact a program and then erect barriers between the program and its intended beneficiaries.***

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – Research should also identify barriers that families eligible for TANF not receiving TANF benefits.

## SECTION 13(h). DEVELOPMENT OF WHAT WORKS CLEARINGHOUSE OF PROVEN AND PROMISING APPROACHES TO MOVE WELFARE RECIPIENTS INTO WORK– Page 111, Line 10

**RECIPIENT IMPACT STATEMENT:** This section would only look at what works and fails to look on the other side of the coin – *what does not work*. Many TANF state policies, such as full-family sanctions, are financially deadly to poor families. Full family sanctions help states meet their work participation rates by sentencing

families to a lifetime of poverty. If the family is not in the numerator, then they cannot impact the denominator.

**CCWRO POSITION** – Support

**CCWRO RECOMMENDATIONS** – Develop best practices for the improvement of the TANF program to benefits the individuals and children. Upon completion, circulate the best practices to the states.

**OPEN ISSUE**

## SECTION 15(b). CHANGE TERMINALOGY FROM FROM VOCATIONAL AND EDUCATION TRAINING TO CAREER AND TECHNICAL EDUCATION TRAINING – Page 117, Line 5

**RECIPIENT IMPACT STATEMENT:** The constant changing of names of a program is confusing to TANF beneficiaries. Any education or training program is designed for career development. The only reason that TANF recipients would enroll in any educational or training program is to have a career, to become self-sufficient. Welfare moms do not go to college to have fun. They are not invited to parties because they have kids to take care of. Any welfare mom participating in an educational or training, is doing so to achieve self-sufficiency. They are heroes!

**CCWRO POSITION** – Oppose

**CCWRO RECOMMENDATIONS** –

# RECIPIENT SUGGESTIONS TO MAKE THE PROGRAM FAMILY/CHILD FRIENDLY

Some ideas that the Ways and Means Committee may want to consider are:

1. Provide employment services and supportive services to parents who have timed out.

2. The time limits shall never be applied to children.

3. Any month that the parent works and meets the federal WPRs should not count towards the 60-month time clock.

4. All states shall have a 60-month time clock.

5. Parents who are not being aided should not be in the numerator. Current law requires that the States include parents in the numerator even when they are not being aided and are not provided with any employment services.

# TABLE #3

# AUXILIARY TABLES*

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*Includes charts, graphs and additional history regarding various CDSS local assistance programs.*

Public Assistance Programs Average Monthly Grants ..... 1
CalWORKs and CalFresh Caseload Projections Summary ..... 3
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# Historical CalWORKs and TANF Funding Chart*

| | FY 2008-09 | FY 2009-10 | FY 2010-11 | FY 2011-12 |
|---|---|---|---|---|
| **Total TANF Grant/Required MOE** | **$ 6,583,092,000** | **$ 6,584,132,000** | **$ 6,950,599,000** | **$ 6,580,797,000** |
| **CalWORKs Program[1]** | **5,341,526,077** | **5,341,519,431** | **5,576,729,520** | **5,269,004,000** |
| Grants | 3,275,881,220 | 3,406,732,000 | 3,674,460,000 | 3,260,513,000 |
| Administration | 579,578,620 | 590,571,121 | 619,727,897 | 652,927,039 |
| Services | 829,198,822 | 798,905,700 | 784,790,383 | 826,832,008 |
| Child Care | 542,554,111 | 440,639,196 | 388,502,665 | 409,314,953 |
| Substance Abuse/Mental Health Svcs | 114,313,304 | 104,671,414 | 109,248,575 | 119,417,000 |
| County Share of Admin/Svcs[2] | 27,214,878 | 8,368,000 | | |
| Tribal TANF[3] | 71,001,000 | 69,750,000 | 69,073,000 | 73,743,000 |
| Performance Incentives (budgeted) | | | | |
| **Probation** | | | | |
| **Student Aid Commission** | | | | |
| **KinGAP** | **114,052,000** | **107,687,000** | **91,033,000** | **56,454,000** |
| **ARRA Subsidized Employment - ECF** | | **158,508,000** | **200,348,000** | |
| **ARRA Non-Recurrent Short-Term Benefits ECF** | | **176,233,000** | **18,775,000** | |
| **Non-MOE/TANF in CDSS** | **(196,041,000)** | **(179,056,000)** | **(158,118,000)** | **(163,597,000)** |
| **Additional TANF/MOE Expenditures in CDSS** | **271,073,000** | **299,394,000** | **303,620,000** | **291,131,000** |
| **Other MOE Eligible Expenditures** | **714,079,000** | **668,044,000** | **641,575,000** | **682,620,000** |
| **State Support** | **28,131,000** | **27,687,000** | **29,180,000** | **29,019,000** |
| **Total Expenditures** | **6,343,821,077** | **6,892,156,000** | **6,772,215,520** | **6,238,374,000** |
| Federal TANF | 3,560,047,000 | 4,041,842,000 | 3,810,007,000 | 3,391,395,000 |
| General Fund (MOE)[4] | 2,715,820,000 | 2,712,840,000 | 3,103,684,000 | 1,689,030,000 |
| Other State Funds (Employment Training Funding) | 35,000,000 | 20,000,000 | | |
| County Funds[4] | 133,454,000 | 117,474,000 | 113,097,000 | 1,157,949,000 |
| **Total TANF transfers** | **442,017,000** | **440,818,000** | **440,163,000** | **444,672,000** |
| Non-CalWORKs Transfers[5] | 169,793,000 | 186,921,000 | 197,931,808 | 192,242,450 |
| CalWORKs/Tribal TANF Transfers and Reserves | 272,224,000 | 253,897,000 | 242,231,192 | 252,429,550 |
| TANF Grant/Required MOE | 6,583,092,000 | 6,584,132,000 | 6,950,599,000 | 6,580,797,000 |
| Prior Year TANF Carry Forward[6] | 119,532,000 | 117,100,000 | 233,398,000 | 158,450,000 |
| Excess MOE Needed to Fund Programs | | | | |
| Single Allocation Reappropriation (AB 1477) | | | | |
| ARRA - Emergency Contingency Funds | 259,212,000 | 370,195,000 | 125,626,000 | |
| ARRA - Subsidized Employment | | 159,386,000 | 215,348,000 | |
| ARRA - Non-Recurring ECF Un-spent Performance Incentives | | 176,233,000 | 27,225,000 | |
| High Performance Bonus | | | | |
| **Total Available Funding** | **6,961,836,000** | **7,407,046,000** | **7,552,196,000** | **6,739,247,000** |
| **Total Funding Needed** | **6,785,838,077** | **7,332,974,000** | **7,212,378,520** | **6,683,046,000** |
| NET TANF Carry-Over Funds[6] | 75,498,000 | 74,072,000 | 91,187,000 | 56,201,000 |
| **CalWORKs Contribution to the General** | **$ 1,268,997,000** | **$ 1,262,046,000** | **$ 1,234,159,808** | **$ 1,222,447,450** |

Please see Notes Associated with the CalWORKs and TANF Funding Chart for additional information.

# Historical CalWORKs and TANF Funding Chart*

| | FY 2012-13 | FY 2013-14 | FY 2014-15 Revised Budget | FY 2015-16 Governor's Budget |
|---|---|---|---|---|
| **Total TANF Grant/Required MOE** | **$ 6,584,722,000** | **$ 6,575,412,000** | **$ 6,578,959,000** | **$ 6,572,248,000** |
| **CalWORKs Program[1]** | **5,076,484,000** | **5,285,017,000** | **5,503,947,000** | **5,607,783,000** |
| Grants | 3,155,806,000 | 3,117,515,000 | 3,200,769,000 | 3,241,950,000 |
| Administration | 643,265,561 | 746,813,504 | 779,020,271 | 801,636,168 |
| Services | 819,383,597 | 931,663,610 | 1,021,629,035 | 1,050,754,650 |
| Child Care | 330,464,842 | 362,418,886 | 375,922,694 | 386,836,182 |
| Substance Abuse/Mental Health Svcs | 127,564,000 | 126,606,000 | 126,606,000 | 126,606,000 |
| County Share of Admin/Svcs[2] | | | | |
| Tribal TANF[3] | 69,045,000 | 80,168,000 | 75,945,000 | 83,951,000 |
| Performance Incentives (budgeted) | | | | |
| **Probation** | | | | |
| **Student Aid Commission** | 803,754,000 | 541,712,000 | 377,406,000 | 286,320,000 |
| **KinGAP** | **69,044,000** | **73,319,000** | **74,977,000** | **78,523,000** |
| **ARRA Subsidized Employment - ECF** | | | | |
| **ARRA Non-Recurrent Short-Term Benefits ECF** | | | | |
| **Non-MOE/TANF in CDSS** | **(163,874,000)** | **(339,006,000)** | **(599,719,000)** | **(596,209,000)** |
| **Additional TANF/MOE Expenditures in CDSS** | **308,402,000** | **311,414,000** | **343,540,000** | **371,502,000** |
| **Other MOE Eligible Expenditures** | **522,617,000** | **468,067,000** | **540,382,000** | **561,016,000** |
| **State Support** | **29,703,000** | **29,999,000** | **29,900,000** | **29,796,000** |
| **Total Expenditures** | **6,715,175,000** | **6,450,690,000** | **6,346,378,000** | **6,422,682,000** |
| Federal TANF | 3,470,035,000 | 3,389,838,000 | 3,387,456,000 | 3,378,309,000 |
| General Fund (MOE)[4] | 2,056,417,000 | 1,653,982,000 | 1,202,909,000 | 1,262,417,000 |
| Other State Funds (Employment Training Funding) | | | | |
| County Funds[4] | 1,188,723,000 | 1,406,870,000 | 1,756,013,000 | 1,781,956,000 |
| **Total TANF transfers** | **440,136,000** | **451,931,000** | **446,794,000** | **454,547,000** |
| Non-CalWORKs Transfers[5] | 192,243,000 | 192,242,773 | 192,119,000 | 192,119,000 |
| CalWORKs/Tribal TANF Transfers and Reserves | 247,893,000 | 259,688,227 | 254,675,000 | 262,428,000 |
| TANF Grant/Required MOE | 6,584,722,000 | 6,575,412,000 | 6,578,959,000 | 6,572,248,000 |
| Prior Year TANF Carry Forward[6] | 245,245,000 | 107,951,000 | 199,470,000 | 99,038,000 |
| Excess MOE Needed to Fund Programs | 394,236,000 | 219,258,000 | 113,781,000 | 205,943,000 |
| Single Allocation Reappropriation (AB 1477) | 80,000,000 | | | |
| ARRA - Emergency Contingency Funds | | | | |
| ARRA - Subsidized Employment | | | | |
| ARRA - Non-Recurring ECF Unspent Performance Incentives | | | | |
| High Performance Bonus | | | | |
| **Total Available Funding** | **7,304,203,000** | **6,902,621,000** | **6,892,210,000** | **6,877,229,000** |
| **Total Funding Needed** | **7,155,311,000** | **6,902,621,000** | **6,793,172,000** | **6,877,229,000** |
| NET TANF Carry-Over Funds[6] | 148,892,000 | - | 99,038,000 | |
| CalWORKs Contribution to the General Fund[7] | $ 1,896,060,000 | $ 1,586,754,773 | $ 1,528,424,000 | $ 1,489,480,000 |

# California TANF/CalWORKs
# Annual Involuntary Contributions to the California State General Fund

| State Fiscal Year | Amount of Annual TANF/CalWORKs Involuntary Contribution |
|---|---|
| FY 98-99 | $708,502,000 |
| FY 99-00 | $745,249,000 |
| FY 00-01 | $1,021,913,000 |
| FY 01-02 | $1,126,647,000 |
| FY 02-03 | $1,088,940,000 |
| FY 03-04 | $1,163,238,000 |
| FY 04-05 | $1,087,321,000 |
| FY 05-06 | $1,299,448,000 |
| FY 06-07 | $1,184,134,000 |
| FY 07-08 | $1,745,291,000 |
| FY 08-09 | $1,268,997,000 |
| FY 09-10 | $1,262,291,000 |
| FY 10-11 | $ 1,234,159,808 |
| FY 11-12 | $ 1,222,447,450 |
| FY 12-13 | $1,896,060,000 |
| FY 13-14 | $1,586,754,773 |
| FY 14-15 | $1,522,729,000 |
| FY- 15-16 | $1,777,001,000 |
| Total TANF Contribution to the California General Fund Since the Repeal of AFDC | $22,941,123,031 |

# TABLE #4

## CalWORKs Welfare-to-Work Monthly Activity Report WTW 25 For May, 2015 - STATEWIDE

| | | |
|---|---|---|
| **PART A. ENROLLMENT DATA** | | |
| 1. | Enrollees | 179,488 |
| 2. | Exemptions | 84,847 |
| 3. | Removed from the Assistance Unit | 0 |
| | a. Sanctions | 58,810 |
| 4. | Entered employment | 9,353 |
| 5. | Terminations due to employment | 4,614 |
| **PART B. ACTIVITIES** | | |
| 6. | Appraisal | 11,360 |
| 7. | Assessment | 5,710 |
| 8. | Reappraisal | 949 |
| 9. | Job search & job readiness assistance | 14,231 |
| 10. | Unsubsidized employment | 64,741 |
| 11. | Self-employment | 5,143 |
| 12. | Subsidized private sector employment | 1,776 |
| 13. | Subsidized public sector employment | 2,442 |
| 14. | On-the-job training (OJT) | 226 |
| 15. | Grant-based on-the-job training (OJT) | 1 |
| 16. | Work-study | 1,955 |
| 17. | Supported work or transitional employment | 140 |
| 18. | Work experience | 2,874 |
| 19. | Community service | 4,914 |
| 20. | Job skills training directly related to employment | 4,816 |
| 21. | Vocational education training | 18,714 |
| 22. | Education directly related to employment | 3,518 |
| 23. | Adult basic education | 5,953 |
| 24. | Satisfactory progress in a secondary school | 201 |
| 25. | Other activities | 6,228 |
| 27. | Providing childcare to community services participants | 0 |
| 27. | Mental health services | 6,247 |
| 28. | Substance abuse services | 1,480 |
| 29. | Domestic abuse services | 3,259 |
| | a. Granted DV Waiver | 2,721 |
| 30. | Number of individuals 6-29 (Unduplicated) | 122,173 |
| | a. Self-Initiated Education Program | 6,883 |
| **PART C. NONPARTICIPATION STATUS** | | |
| 31. | Noncompliance | 30,412 |
| 32. | Good cause for not participating in WTW | 16,562 |
| **PART D. SUPPORTIVE SERVICES** | | |
| 33. | Transportation | 67,872 |
| 34. | Ancillary services | 13,292 |
| 35. | Post-employment/Job-retention services | 9,119 |
| 36. | Post CalWORKs 60-month time limit services | 2,876 |
| **CCWRO DATA ANALYSIS** | | |
| Unduplicated Participants Not Receiving Transportation – 54,301 Persons | | 44% |
| Unduplicated Participants Sanctioned | | 48% |
| Unduplicated Participants Finding Employment that Terminates TANF | | 4% |

EQUIFAX®

July 29, 2015

Subcommittee on Human Resources
Committee on Ways & Means
Re: Committee Discussion Draft of welfare reauthorization legislation

Thank you for this opportunity to comment on the Committee Discussion Draft of welfare reauthorization legislation. We would like to focus our comments specifically on the open issue in Section 6(c)(10), "How to verify participation in activities."

Today, Equifax Workforce Solutions assists 37 state TANF programs with program integrity and eligibility efforts by providing current employment and income verifications from The Work Number database. As a component of those verifications, we have the capability to provide average hours worked per pay period and pay cycle detail. Combined, this data provides guidance to hours worked per pay period for the individual.

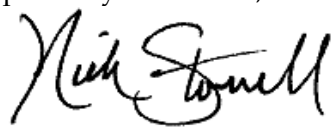
In addition to the verification services we provide to state TANF programs, agencies also benefit from having wage data instantly available -direct from the employer- so applicants can easily be qualified and verified without having to go back to their employer to get pay stubs, documentation, etc., which can be a long and drawn out process. The accuracy of The Work Number data also helps caseworkers process more cases, thus increasing the agencies efficiency because they are no longer having to wait on additional documentation to clear cases and determine eligibility.

With the thousands of employers who provide Equifax Workforce Solutions with pay-period detail every time they run a payroll, we have over 31.5 million current employment records that provide hourly work information. In addition, we have millions of historical payroll records that have this same detail which can be used to alert agencies of changes or verify hours from prior work periods.

With our plan to more than double the number of data-contributing employers in the next two years, collecting hours worked detail is a priority that will provide increased benefit to the agencies that require the information for eligibility purposes.

Thank you again for this opportunity to participate in the process of addressing this specific legislation and particularly for discussing the verifications process. Equifax Workforce Solutions stands committed to helping state and federal agencies make eligibility determinations, reduce improper payments, improve service, and increase overall program integrity. We look forward to working with the committee as they continue to address the reauthorization of the TANF program.

Respectfully submitted,



Nick Stowell
Director, Government Relations

| | |
|---|---|
| **From:** | Cara Baldari |
| **To:** | Submissions, Ways and Means |
| **Subject:** | First Focus Statement for the Record |
| **Date:** | Tuesday, July 21, 2015 11:40:00 AM |
| **Attachments:** | Statement for the Record Hearing on Welfare Reform Proposals July 20.docx<br>Supplemental Sheet with Witness Information.docx |

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Hello,

Please see the attached document, which contains a Statement for the Record from First Focus in response to the welfare reform proposal discussion draft. Also attached is a supplemental document listing the the contact information for our witness, Bruce Lesley, President of First Focus.

Thank you for the opportunity to submit testimony, and please do not hesitate to contact me with any questions.

Best,

Cara Baldari

**Cara Baldari** Senior Policy *Director, Family Economics and Legal Counsel*
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***Making Children and Families the Priority***

FIRST FOCUS

**First Focus**
**Bruce Lesley, President**
**Statement for the Record**

**U.S. House of Representatives Committee On Ways and Means**
**Hearing on Welfare Reform Proposals**

**July 14, 2015**

Chairman Ryan, Ranking Member Doggett and Members of the House Committee on Ways and Means, thank you for the opportunity to submit this statement for the record.

First Focus is a bipartisan children's advocacy organization dedicated to making children and families a priority in federal policy and budget decisions. Our organization is committed to ensuring that all of our nation's children have equal opportunity to reach their full potential.

Child poverty in the U.S. remains high, with 14.7 million or 19.9 percent of children living below the poverty line in 2013. The child poverty rate remains significantly higher than for other age groups. Very young children experience the brunt of poverty, with nearly one-half of children under the age of 3 living in poor or low-income households.

For children of color, the poverty rate is even more alarming with 38 percent of African American children, 33 percent of Hispanic children, and 36.8 percent of American Indian and Native Alaskan children falling into this category. Furthermore, poverty is a particularly serious problem for children, who suffer negative effects for the rest of their lives after living in poverty for even a short time.

Child poverty carries a high price tag for our nation in terms of its human toll and fiscal costs. Poor and lower-income children are significantly more likely to experience gaps in their cognitive development as a result of economic insecurity and toxic stress in the lives of their parents and caregivers. It is well documented that exposure to toxic stress, including child abuse, neglect and violence and burdens associated with poverty, such as food and housing insecurity, impede early brain development and academic success, resulting in educational inequalities and an increased school drop-out rate. High school dropouts are at an increased risk of engaging in criminal conduct and becoming incarcerated in our criminal justice system.

Simply put, poverty often robs children of the opportunity to enter school prepared to learn, and increases the chance that children will perform poorly throughout school or drop out of school, and experience unstable employment and poverty as adults. In real terms, child poverty sets children along a tragic trajectory to adult poverty.

Beyond consequences for individual children, child poverty negatively affects the entire nation through increased expenditures on criminal justice and healthcare and through lost revenue and economic output.

The Temporary Assistance for Needy Families (TANF) program is the primary cash assistance program for low-income families with children. Currently, the majority of TANF recipients are children and most TANF caseloads are "child-only," meaning only the child in the household is receiving assistance. These cases occur when there is no parent in the household or the parent(s) in the household is ineligible for TANF.

However, the effectiveness of TANF in reducing child poverty has been eroding over time. Much of this is due to the fact that TANF is legislatively fixed as a capped block grant, meaning that it does not change when a state's caseload increases or decreases. This has made TANF unable to respond to increased need during the recession.

In 1996, TANF could provide assistance to 68 out of very 100 families in poverty. By 2010, the ratio fell to 27 families.[1] TANF caseloads have continued to drop since the recession, despite the fact that need has not decreased. Child poverty rates continue to be higher than before the recession, yet in 2013, a little more than 1.7 million families received TANF nationally, down from 1.9 million in 2006.

The overall block grant has fallen in value by 32 percent due to inflation since 1996. In addition, the supplemental grants that expired in 2011 have not been restored. These grants went to 17 states that had relatively low spending per child in poverty or had experienced high population growth in the early 1990s.[2]

This has serious repercussions for the well-being of America's children. The potential of TANF to lift children out of poverty is illustrated in the following statistic: For children living in a family with an income below $25,000 who received a $3,000 annual income boost when they were under age 6 earned 17 percent more as adults and worked 135 more hours per year after age 25 than similarly-situated children whose families didn't receive the income boost. This signifies the importance of income early in a child's life, and how a loss in that income may result in detrimental effects on a child's earning potential and ability to break the cycle of poverty.[3]

Clearly improvements to TANF are needed – and we urge this Committee to concentrate its efforts on serving and lifting more children and families out of poverty and toward economic security.

We support changes in the discussion draft that aim to incentivize states to increase employment rates and earnings gains among participants, rather than simply reduction of caseloads. This includes changes to the activities that count towards the work participation rate such as basic education, skills training, and vocational education. In theory, these changes could improve the long-term economic security of children and families served by TANF, by providing an opportunity for parents to obtain higher earning jobs.

However, we are concerned that these proposed changes do not go nearly far enough, and without further improvements and increased resources, these changes would not result in reduced poverty for children and families served by TANF.

First Focus urges the Committee to significantly increase resources for TANF to meet increased need. In addition, we have several recommendations to improve TANF's ability to address child poverty and improve economic security for families:

First, as a nation, we cannot afford – either morally or economically – to have 1 in 5 of our nation's children and nearly 2 in 5 African-American children living in poverty. Therefore, reducing child poverty should be an explicit goal of the TANF program, and as mentioned previously, the program should be evaluated based on its ability to serve the needs of low-income children.

Specifically, we recommend the inclusion of language from H.R. 2408, the Child Poverty Reduction Act, which establishes a child poverty target and would set the goal of reducing child poverty in half in ten years and eliminating it in twenty years. The United Kingdom did this in 1999 and, on a tri-partisan basis, they have successfully cut their child poverty rate dramatically and our country should make this a clear priority as well.

By setting a target, it will hold states accountable to take concrete steps to reduce child poverty through implementation of TANF and other measures. It institutionalizes the goal of reducing child poverty, and will be an impetus for public debate around the most effective interventions and policy solutions needed to achieve this target.

Second, any changes in the manner in which states are evaluated in promoting work and reducing poverty and dependence on public assistance take into account the percentage of children and families in need being served. States should be incentivized to serve a target percentage of families in need and rewarded based on this outcome.

Third, we recommend creating Children's Fair Share Grants, which would ensure a more equitable funding system for states by indexing the TANF block grant amount to inflation and the child population, and instituting a minimum floor of funding per poor child in poverty at the state level based on the national average of TANF spending. Such a reform would address a major flaw in the current TANF block grant formula, which is that funding does not follow the need and where states are granted widely disparate resources for families in poverty based on spending levels allocated 20 years ago.

Fourth, we recognize that TANF is one of the primary funding sources for childcare subsidies to low-income parents to enable them to complete school and job training programs and secure stable employment. Childcare assistance helps low-income parents obtain gainful employment, leading to increased earnings and ultimately furthering the goals of the TANF program. However, federal TANF funds used for childcare, including direct spending and transfers to the Child Care and Development Grant Program (CCDBG), have significantly declined, largely because TANF funding has not been adjusted for inflation since its creation, causing it to lose one-third of its value.

The TANF program has always recognized the close connection between parental work and their ability to secure appropriate childcare. We urge this Committee to significantly increase funding for the TANF program and continue to allow states to designate funding for childcare purposes. We note that research has shown high-quality childcare, Head Start and early Head Start to be two-generational programs in that they enable parents to maintain stable employment to provide for

their families, and provide young children with a stimulating environment during their earliest years when science has shown their brain development is most rapid. Significantly increasing funding for TANF and Head Start provide a twofold benefit, enabling parents to work and preparing young children to succeed in school and life.

Finally, we also recognize that in recent years, TANF has become a major source of funding for child welfare but not necessarily for wraparound or intervention services. A large portion of flexible funding used by states is used for foster care funding and services and kinship placements.

These services are critical for vulnerable children and families, and therefore we urge that any reform to TANF should do no harm to the child welfare system, and ensure that child welfare is funded adequately and augment support for preventive and early intervention services.

In this same vein, we are supportive of allowing funds to be transferred to Title IV-B, which can be used for preventive and early intervention services for families at-risk of entering the child welfare system. However, given the very limited resources of TANF and the incentives in this legislation to shift funds towards improving employment outcomes, we recognize that realistically, many states would have difficulty in transferring funds to Title IV-B without causing harm to other TANF participants, including children in families receiving cash assistance.

To conclude, TANF's funding structure differs greatly from state to state. Yet children are consistently the majority of TANF recipients, which means that any changes made to the TANF program will impact them greatly. We strongly urge the Committee that any changes made to TANF do no harm to children who already receive funds. We are very concerned that without increased resources, the proposed changes in the discussion draft are likely to result in loss of funds to child recipients. Therefore, reducing child poverty should be an explicit goal of the TANF program, which will ensure that the program is evaluated based on its ability to continue to serve children already receiving funds, as well as serving additional children in need.

We appreciate your consideration of these recommendations, and we look forward to working with you on this and other proposals to improve the well-being of America's children.

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[1] Floyd, I., Pavetti L. and Schott, L. TANF Continues to Weaken as a Safety Net. Washington, D.C.: Center on Budget and Policy Priorities; 2015.

[2] The Supplemental Grants, which were negotiated by Senator Kay Bailey Hutchison (R-TX) as a "compromise" to be added to the TANF bill were make available to the states of Alabama, Alaska, Arkansas, Arizona, Colorado, Florida, Georgia, Idaho, Louisiana, Mississippi, Montana, Nevada, New Mexico, North Carolina, Tennessee, Texas, and Utah each year for fiscal years 1998 through 2001 if the states had lower spending per person in poverty in AFDC and related programs or had experienced high population growth in previous years. This following a "Children's Fair Share" amendment by Senators Bob Graham (D-FL) and Dale Bumpers (D-AR), which would have pushed to end the "inequity" in the TANF funding formula over five years

[3] Greg J. Duncan and Katherine Magnuson, "The Long Reach of Early Childhood Poverty," *Pathways*, Winter 2011, http://www.stanford.edu/group/scspi/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf.

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| **From:** | PacRimPark@aol.com |
| **To:** | Submissions, Ways and Means |
| **Subject:** | Statement to House Ways and Means Committee re. TANF Reauthorization legislation |
| **Date:** | Monday, July 20, 2015 6:43:12 PM |
| **Attachments:** | STATEM~1.DOC |

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Herewith is my statement to the House Ways and Means Committee.

Thank you for its consideration.

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**July 20, 2015**

**To: Honorable Members of Congress**

**From: Patty Howell, Ed.M., A.G.C., President, Healthy Relationships California**

**In Re. TANF Reauthorization Legislation, SEC. 403. [42 U.S.C. 603] (a) GRANTS.**

I write to share a perspective on the field of Healthy Marriage and Responsible Fatherhood programs which I believe is important for your consideration.

During the past decade, Congress has appropriated $150,000,000 per year for Healthy Marriage and Responsible Fatherhood programs, most of which has been distributed through a series of demonstration grants from the Administration for Children and Families to approximately grantee organizations around the country. Some of these organizations, such as Healthy Relationships California, have conducted highly successful projects reaching tens of thousands of people with well-documented positive impact on their lives.[1] Other grantee organizations have doubtless had positive impact though without such extensive documentation.

We are about to enter a new era: We are on the brink of collecting a large amount of data from across the entire field of relationship skills programs, which I believe will bring a powerful new understanding and confidence about the value of Healthy Marriage and Responsible Fatherhood work. The most recent funding announcements (HHS-2015-ACF-OFA-FM-0985 and HHS-2015-ACF-OFA-FK-0993) have challenged the next round of grantees to implement rigorous 5-year impact evaluation studies as a requirement of funding, and thereby utilize systematically the same survey instruments to collect data from all program participants of all

[1] Howell, P., Krafsky, K.J., McAllister, S., & Collins, D. (2013). *Impact Report: Research on the Impact of Relationship and Marriage Education Programs in California.* Leucadia, CA: Healthy Relationships California. Downloadable pdf at : www.RelationshipsCA.org

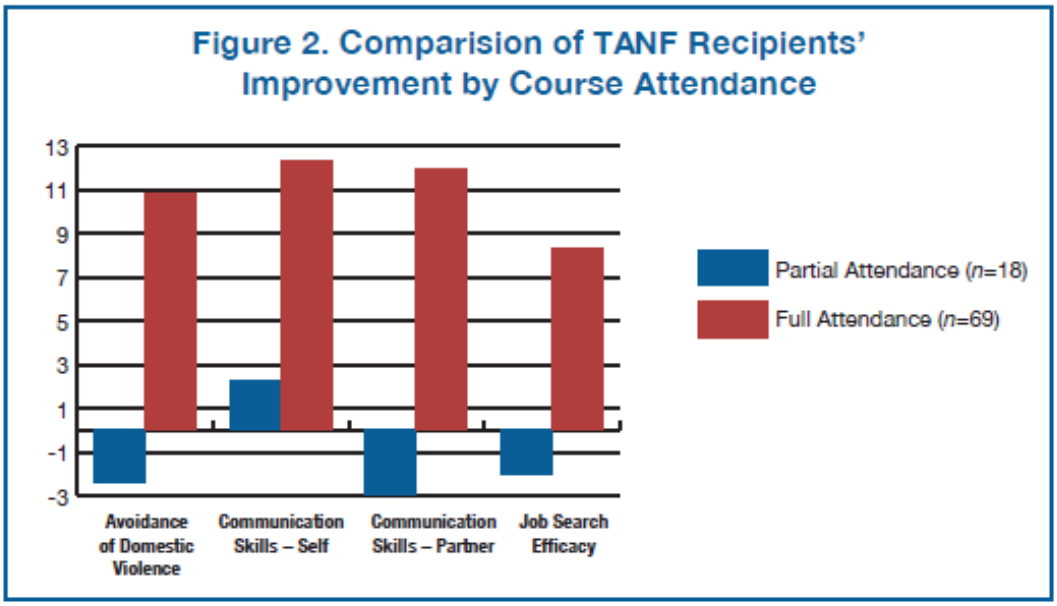
grantee organizations throughout this period of time. Furthermore, those organizations who receive the largest level of this funding will be required to implement a Random-Controlled Trial, along with oversight from OPRE and Mathematica Policy Research.

This strong commitment by the Administration for Children and Families to systematic data collection for the next five years across all of the nation's Healthy Marriage and Responsible Fatherhood grantees will give this field far more data than ever before, and **these data will enable comprehensive analyses of overall effectiveness, and penetrating analyses of the comparative effectiveness of different interventions and dosage levels across many different populations.**

**I believe the impact of this over the next five years will result in a significant maturity across the entire field of Healthy Marriage and Responsible Fatherhood work and the Relationship Education programs that form the backbone of this work**. From these data, grantees, ACF, and Congress will know what works, and how it works, and all of us will gain both fuller understandings and fuller confidence in these means for helping couples form and maintain healthy marriages, in engaging fathers with their children, in restoring damaged families, and in helping people become economically self-sufficient. In short: **I believe these five years of data will reveal the impact of Relationship Education programs as a powerful preventive investment in helping reduce the numerous social burdens that TANF funds have heretofore largely been used to address post hoc.**

My confidence in this comes partially from a project our organization undertook through Healthy Marriage funding that enabled us to conduct with Riverside County (California) Department of Public Social Services a pilot study on the impact of a 16-hour Relationship

Education course[2] on Riverside TANF clients. Our data found **positive results across all 8 variables associated with successful relationships at work and at home[3]—Problem-Solving Skills, Avoidance of Domestic Violence, Relationship Efficacy, Communication Skills, Emotional Control, Work Efficacy and Job Efficacy**. Data further revealed heightened effectiveness for those who completed the course in comparison with those who did not. (See chart above.[4]) Because of its applicability for this population, and the high attendance rates along with strong participant outcomes, Riverside County has since brought this curriculum in-house by having us train their Employment Counselors to teach this course as one of the official employment-support programs for their county TANF recipients. Additionally, through our ACF-grant-supported work, we have also been able to bring this curriculum to TANF agencies in three other California counties.




[2] World Class Relationships for Work & Home.
[3] Larsen-Rife, D., Ph.D. & Pugliese, J., Ph.D. "Special Report on Healthy Relationships Pilot Project with Temporary Assistance for Needy Families (TANF) Recipients", pp. 47-51, in *Impact Report*, op. cit.
[4] Ibid.

These results, along with the heartfelt testimonials of TANF counselors[5] are, in my estimation, just a glimpse into what five years of ACF data will reveal about the impact and value of Healthy Marriage and Responsible Fatherhood funding. Some programs and practices, likely, will not hold up to the bright light of rigorous research; others surely will and they should be brought to scale.

Recognizing as we do, the tremendous economic and social costs from people who are dependent upon public funds, who aren't able to get and keep a job, whose families are in turmoil, whose health is jeopardized, whose kids face an uncertain future, and the yearly multi-billion dollar ramifications of all of this for taxpayers, I believe that Relationship Education holds an important key to unsticking what have been intractable and extremely expensive social problems.

**As the data unfold from our work over the next five years, and these data illuminate the preventive value of Relationship Education programs funded through Healthy Marriage and Responsible Fatherhood appropriations, I believe it will be important and even critical for Congress to move to a significantly higher level of funding for this work so we can scale effective practices on a nationwide basis, and I ask that you do so.**

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[5] **Sample testimonials from instructor training in World Class Relationships for Work & Home of Riverside TANF/Department of Public Social Services (DPSS) Counselors include:**

- *"**Why did I not have this knowledge when I began my work for DPSS years ago! It would have changed the way I did everything!**"* (David, Morena Valley, CA)
- "*I am excited to learn this program and am extremely excited to share it with the people I work for*."(Sylvia, Hemet, CA)
- "*This class in WCR-WH has changed and will continue to change my life, my family's life and my work environment. I now feel rejuvenated and excited about work. This is a feeling I haven't had in over ten years.*"(Laverne, Riverside, CA)
- *"**This workshop is life-changing! I am excited to place these tools in the hands of our customers.**♥ ♥ ♥"* (Darlene, Thermal, CA)
- *"**This program should be included in the Induction Training for new employees.** It not only exceeded my expectations for a tool to help our customers but also enhanced my personal needs and professional growth."*(Bill, DPSS Administrator, Riverside, CA)

Respectfully submitted by:

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INSTITUTE *for* CHILD SUCCESS

# Comments for the Record of the

# Hearing on Welfare Reform Proposals

# In the Subcommittee on Human Resources of the Committee on Ways and Means

# On July 15, 2015

Bryan Boroughs, J.D., M.P.P.
General Counsel and Director of Legislative Affairs, Institute for Child Success

Megan Golden, J.D.
Senior Fellow, Institute for Child Success

## Introduction

The Institute for Child Success is excited by the progress of discussions in Congress surrounding Pay for Success financing models (often called Social Impact Bonds) to advance the well being of young children. We thank Chairman Boustany and Representatives Young and Delaney for their leadership in including related provisions in the discussion draft of reauthorization legislation discussed during your July 15 hearing. We were also excited to see that the provisions encompassed a range of outcomes, especially including education and health outcomes, that are sometimes overlooked when working to advance the self-sufficiency of needy families. Indeed, failing to meet a basic threshold for those outcomes will often preclude improved workforce outcomes for families.

The Institute for Child Success respectfully submits the following written comments to the hearing record for your consideration. In these comments, we begin with an overview of our perspective on the benefits of Pay for Success financing. We then discuss the substantial benefits of federal involvement, the reasons that legislation is necessary for meaningful federal engagement, and the ways in which this legislation responds to that need. Finally, we include two technical suggestions based on our experience working in this field over the last few years.

## Benefits of Pay for Success Financing (or, Social Impact Bonds)

Pay for Success financing is a model that can help effective interventions scale up to improve outcomes for young children, while saving governments money. The fundamental structure is well known to many, so we will only provide a very brief overview here. That most basic theoretical structure involves four pieces:

- An intervention that has been tested, and has demonstrated that it produces outcomes and that its benefits exceed its costs;
- Investors that provide the upfront capital required to bring the intervention up to a larger scale;
- A government entity that agrees to repay the investor – using funds saved for some or all of those payments – if the agreed-upon outcomes are realized; and
- An independent evaluator that determines whether the intervention accomplishes the pre-determined outcomes and, therefore, the government should make payments to the investor.

Because of the novelty and complexity of these arrangements, a third-party intermediary has also been involved in many of the Pay for Success contracts entered into to-date.

Pay for Success financing provides a number of benefits over traditional government mechanisms for selecting and scaling up interventions, including:

- It allows governments to shift resources towards effective prevention and early intervention;

- It draws on expertise and energy from outside investors, who ultimately bear much of the financial risk if a program is ultimately not effective at scale;
- A rigorous cost and savings analysis is necessary to even consider a Pay for Success arrangement, increasing the ability of the government to select interventions wisely;
- Outcome tracking is a centerpiece at every step, allowing the necessary tracking processes to be "baked in" to an intervention from the very beginning; and
- While Pay for Success *does not* privatize critical government services (such as remedial education, criminal justice, or the like), it *does* hold the potential to reduce the overloaded demand on many of those services, allowing them to better fulfill their missions.

## Pay for Success and Effective Early Childhood Interventions

As we discussed in our January brief on this topic, Pay for Success is particularly well suited to help scale effective early childhood interventions.[1] Many interventions exist today with long-term outcomes that are independently compelling, result in significant cost savings to governmental entities, and produce outcomes that advance TANF's goal of improving family self-sufficiency and improving workforce engagement. Those outcomes include:

- More economically independent mothers,
- Reduced incarceration rates,
- Fewer teen pregnancies,
- Fewer closely spaced second births and fewer preterm second births,
- Fewer injury-related visits to the emergency room,
- Reductions in child maltreatment,
- Less youth crime,
- Higher achievement in school or careers, and
- Increased lifetime earnings.

Yet despite wide agreement that we should develop and implement these effective early childhood interventions broadly, it is very challenging to do so. Many governmental agencies are working to implement effective early childhood interventions, but those efforts are far from full-scale. Two barriers stand out:

1) **Resources are tied up in responding to problems, leaving little room for prevention.** Governments are busy putting out fires – that is, responding to problems after they happen –

[1] Institute for Child Success. *Pay for Success Financing for Early Childhood Programs: A Path Forward*. 2014. Available at: http://www.instituteforchildsuccess.org/mydocuments/pay_for_success_financing_for_early_childhood_program2.pdf.

and after more cost-effective responses are no longer an option. Given the fiscal pressure faced by all governmental entities, government is rarely able to devote sufficient up-front resources to developing or implementing effective methods to prevent problems in the first place, even if those approaches would save money in the long run. For instance, the Institute of Medicine has documented the costs of failing to focus on prevention, finding that many mental, emotional, and behavioral disorders in young people are preventable, but that prevention remains underfunded.[2]

2) **The costs of wide-scale implementation are immediate, but the payback takes time.** Although many programs will deliver both social and financial returns, those benefits take time. Governments often find it difficult to afford investments with delayed returns.

Pay for Success can help address both of those barriers. Governments are able to implement tested interventions without immediately burdening the budget, since the model allows government to wait until the relevant outcomes are met before payments must be made. If those interventions are ultimately effective at scale, then the resulting cost-savings can be used to help repay the investors' principal and any premium that is agreed to at the outset. Moreover, if the interventions do not produce the agreed-upon outcomes, and the government doesn't realize the cost savings as a result, then the investors (who bear the financial risk) and are not repaid.

It is important to note here: all parties benefit from having investors who are mindful of the outcomes and want the program to succeed. The interventions that are currently best suited to Pay for Success financing have already been rigorously tested at a smaller scale. Much of the risk, then, relates to the difficulties inherent in scaling a program to a significantly larger size and serving different populations, which are challenges with which many investors have significant expertise. In other words, while the investors bear the risk of failure, they can also help reduce that risk.

## Why Does the Federal Government Need to Get Involved

One of the questions that often arises in discussions about Pay for Success is this: Why is it important for the federal government to get involved? The simple answer is that many effective interventions produce positive results and save money at both the federal and state or local levels, and - for many of those - the federal government has a significant interest. For example, some two-generation early childhood interventions result in the improved birth spacing and more economically self-sufficient mothers, and therefore reduce dependency on programs like TANF. Congress should, therefore,

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[2] National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults. *Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. 2009. Available at http://www.ncbi.nlm.nih.gov/books/NBK32775/

position federal programs to foster and leverage those outcomes. If it does so as structured in the discussion draft, both states and the federal government will benefit.

In addition, the federal attention and support for outcome-based payments will incentivize jurisdictions around the country to increase accountability for outcomes in government programs. Identifying the most effective programs and tracking their outcomes requires capacity and effort. This legislation will support and incentivize jurisdictions to build that capacity. The result will be more cost-effective government programs and better outcomes for our communities and our country.

## Why Do We Need Legislative Action to Encourage Pay for Success

The typical appropriations process presents two significant barriers that prevent agencies from engaging in meaningful Pay for Success deals, both of which are addressed by the discussion draft. First, federal appropriations typically have to be "obligated" by September 30 of any given fiscal year. What we've learned over the last few years is that many of these deals take more than one year to develop to the contract-signing phase. Knowing that the money may vanish after months of diligent work, but before a deal is finalized, is a substantial hurdle.

Second, federally appropriated dollars typically have to be disbursed within 5-years after the fiscal year in which they are appropriated (under 31 U.S.C 1552(a)). Many Pay for Success contracts are best suited to something a little longer than a 5-year window, if only because most programs take a couple of years to reach scale, and long-term outcomes may take several years to be fully measured after that. As an example, the first Social Impact bond out of the United Kingdom was a 6-year contract.

Both of those barriers require Congressional action, but the fix is relatively simple and is handled in the discussion draft. However, there is a larger challenge the federal government will face as it engages in Pay for Success deals, and that is a challenge of human capital. Federal entities are generally not experienced in this field, and we need to develop that expertise in a deliberate fashion. The discussion draft creates an Executive Advisory Group that includes officials from several agencies. Through that mechanism, we can begin building expertise throughout the federal systems, allowing us to operate more sustainably in this field going forward.

## What are the Limitations and Challenges of Pay for Success

As with any exciting new model, it is easy to lose sight of the limitations and challenges. There are some problems for which Pay for Success is simply not a solution. For example, it does not provide a sound model for funding programs, or for encouraging better evaluation of programs, that are already operating at scale. It also is not yet well-suited to fund untested innovations (though, a robust Pay for Success mechanism might encourage novel innovations to look to robust evaluation early).

Similarly, Pay for Success might not make the most sense for those specific services in those rare circumstances where success is nearly guaranteed, because the model does involve premium payments in exchange for investors bearing the risk of failure. In a case where there is very little risk, then the investment would be less beneficial from a financial perspective. Even in that scenario, however, Pay for Success financing may provide governments the fiscal relief they need to help shift resources from remediation towards prevention by enabling them to pay at the end of the project rather than at the beginning.

Moreover, Pay for Success financing deals are just very difficult to put together, from a technical perspective, so they are currently only appropriate for large-scale projects where the benefits exceed the transaction costs.

***What are some of the technical challenges of Pay for Success financing?***

- **Identifying rigorously tested interventions:** We have to find and develop interventions with rigorous evidence of outcomes. There are many interesting interventions out there with great confidence in, but little proof of, their results. So the first hurdle is identifying the rigorously tested programs, and then also encouraging promising programs to develop the kind of evidence that investors and governments need. The discussion draft wisely emphasizes the importance of feasibility studies to address both of these issues.

- **Identifying governmental entities:** One difficulty here flows from the fact that cost savings, especially from early childhood interventions, often cross governmental domains - from Medicaid to juvenile justice to education. It is sometimes difficult to find a single agency that reaps enough of the benefits to afford the full costs of a successful program. The discussion draft addresses this issue in two ways. First, the Executive Advisory Group is a single entity that can look at benefits across the federal government and, second, the legislation is created to support state and municipal deals that have a federal component.

- **Identifying appropriate outcome metrics:** We have to be very cautious to identify outcome metrics with which the service providers, the investors, and the government are all comfortable. This is one of the most challenging elements, particularly with respect to concerns over creating perverse incentives. PFS financing should avoid the danger that providers will "game the system" by determining outcomes compared to a control group or a matched comparison group. If the evaluation is well designed, any changes in how outcomes are counted will affect both the program group and the control group and thus will not translate into better results. This challenge is also why building expertise and collaboration within the federal contracting system – as the discussion draft proposes – is critical to long-term success.

- **Building the system to measure success:** As mentioned above, a centerpiece of Pay for Success financing is rigorous and ongoing outcome measurement, which is challenging for even the best-resourced programs. Pay for Success, however, builds that evaluation into the model from beginning to end, and in such a way that it cannot get lost in the shuffle – investors only invest, and only get a return, if successes are measured and verified by an independent evaluator. The discussion draft supports that model by expressly requiring that the evaluation mechanisms be identified at the beginning.

***Given these difficulties, why is so much progress happening anyway?***

- **Investors are asking for it:** We frequently hear from bank executives that their high-net-worth clients increasingly seek investments that are in line with their values. More and more, the industry is focusing on generating both direct financial returns *and* positive social outcomes.

- **Governments are looking for more cost-effective strategies to achieve public goals:** Governments – at all levels, but including the Federal Government through TANF and other programs – spend a tremendous amount of resources responding to crisis situations and providing remediation services. Those governments would normally have to sacrifice some of those critical services to invest resources in early interventions. Pay for Success allows governments breathing room to pay for interventions, in full or part, out of the long-term savings they produce. Moreover, Pay for Success financing helps governments move in a direction they are increasingly interested in: toward analyzing benefits and costs of specific strategies and choosing the ones that produce the best value for taxpayers.

## Two proposed technical modifications to the discussion draft

On July 17, the Institute for Child Success joined the comments and proposed edits submitted by the America forward coalition. We would also like to submit the following two additional comments, informed by our work in this field over the last few years.

- **Regarding the terminology and requirements of the feasibility studies:** As described starting on page 49 of the draft, the feasibility study sounds more like the result of a fully completed deal negotiation, ready for signatures. The feasibility studies we've seen, instead, often address many/most of those criteria, but in a conditional form. For example, a feasibility study we conducted in South Carolina included a few different potential deal structures. While those proposals had been reviewed by potential parties to the deal, none had committed to exact outcomes, payment schedules, or the like.

  One possible solution, rather than saying the feasibility study "must contain the following," it could say that it must "address the following criteria." A solution in the opposite direction would be to refer to the study, instead, as a proposal or a proposed deal. The former seems

better, however, because it would allow the federal government's involvement to be considered during deal development and negotiation.

- **Contract vs. agreement:** the Federal Acquisition Reform Act of 1996, or the other guidelines that govern federal contracts, did not contemplate Social Impact Bonds or Pay for Success financing structures. Many of those guidelines may not be appropriate for this type of transaction, but describing them as "contracts" may trigger those requirements.

  One possible solution would be to refer to the final deal as an "agreement," "award," or something similar.

## Conclusion

Pay for Success Financing is a very promising model for improving social outcomes and government efficiency. The Institute for Child Success is very encouraged by the attention this financing model has received by our elected officials at the federal level, and we are even more encouraged by the introduction of legislation like the proposed discussion draft. This financing model is challenging, especially for the federal government, but has tremendous potential for improving our collective fiscal position while directly improving social outcomes. We look forward to continued work with the Subcommittee and Congress on this issue in the weeks and months to come. Thank you for the consideration of these comments.

## About the Institute for Child Success

The Institute for Child Success is a research and policy organization that leads public and private partnerships to align and improve resources for the success of young children. ICS supports those focused on early childhood development, healthcare, and education—all to coordinate, enhance, and improve those efforts for the maximum effect in the lives of young people. For more information: www.instituteforchildsuccess.org.

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| **From:** | Deborah Harris |
| **To:** | Submissions, Ways and Means |
| **Subject:** | Comments on Human Resources Subcommittee Discussion Draft |
| **Date:** | Saturday, July 25, 2015 12:15:32 PM |
| **Attachments:** | MassLawReformInst comments on TANF Discusssion Draft.docx |

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Thank you very much for your consideration of these comments.

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July 25, 2015

# Comments on House Ways and Means Committee Subcommittee on Human Resources Discussion Draft on TANF Reauthorization

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Thank you for the opportunity to comment on the Human Resources Subcommittee TANF Reauthorization Discussion Draft. I submit these comments on behalf of the Massachusetts Law Reform Institute (MLRI), the Massachusetts Welfare Coalition, and low-income clients of legal services programs in Massachusetts. MLRI leads advocacy efforts in Massachusetts to improve basic benefits and increase economic security for very needy individuals and families.

We support many of the provisions in the discussion draft, including elimination of the caseload reduction credit and the two-parent work participation rate, the changes in countable activities, and the strengthened assessment requirement. In the following comments, we focus on other provisions in the Discussion Draft and in current law that we think should be modified in order to help TANF serve the most disadvantaged families more effectively.

## Despite improvements, the work participation rate continues to pressure states to deny assistance to families where the parent has a disability or other major barriers to employment.

The WPR rewards states for *not* providing basic cash assistance to families with major barriers to employment. This includes families where the parent has a severe disability but does not receive SSI, families who are in crisis (due to homelessness or some other reason), and families where the parent is not proficient in English, is not literate, lacks recent work experience, or does not have a high school degree.

Massachusetts has resisted the pressure to deny assistance to these families somewhat better than many other states. The state has historically recognized that the Supplemental Security Income (SSI) standard, which regards an individual as disabled only if she or he cannot engage in *any* substantial gainful activity, is not the appropriate standard for a parent who must provide for her children's basic needs. Massachusetts has therefore developed an alternative disability standard that is applied by the state's Disability Evaluation Service using medical and vocational criteria similar to but slightly less stringent than SSI's. The state's Disability Evaluation Service also

determines parents disabled if they meet the SSI standard but have not been approved for SSI, including those who are waiting for a decision from the Social Security Administration. Parents who are determined disabled are not subject to work requirements and are not sanctioned if they participate voluntarily but are unable to meet all of a program's requirements. As a result, about 27% of the families receiving TANF cash assistance in Massachusetts are headed by a parent with a severe disability who is not receiving SSI.

Under the Discussion Draft, Massachusetts would be under greater pressure to impose strict work requirements on parents with disabilities because it could no longer reduce the work participation rate through the caseload reduction credit (as the state did some years ago) and could no longer raise its WPR through a worker supplement program (as it is doing currently). While we appreciate and generally support the reasons for eliminating the caseload reduction credit and excluding the state's worker supplement programs from WPR calculations, we are concerned that these changes would add to the pressure Massachusetts is already under to subject parents with disabilities to the same the work requirements as parents who do not have identified limitations, setting them up for failure and the loss of assistance for themselves and their children.

Improvements in the Discussion Draft, while welcome, do not adequately ameliorate the pressure on states to deny assistance to "work eligible" families who are unable to meet one-size-fits-all work activity requirements.

- **The hours requirements remain too stringent for many families with severe barriers to employment.** About half of the parents determined disabled under the Massachusetts state standard have mental impairments – including anxiety disorders, severe depression, and cognitive impairments. About 20% are approved on the basis of severe musculoskeletal impairments. Many suffer from a combination of impairments. *A 30-hour or even a 20-hour per week activity requirement risks aggravating stress and is inappropriate or impractical for many of these families.* Similarly, homeless families cannot focus on housing search, getting their children to schools and medical appointments that are no longer nearby, and helping their children though the trauma of homelessness if they are subject to strict hours requirements. Allowing states partial credit for families participating for fewer than the minimum required hours, although a welcome provision in the Discussion Draft, would not sufficiently mitigate the disincentive to serve these families since the state would have to engage 100% of the families with barriers for at least half of federally required hours in order to achieve a 50% WPR for them.

- **The bill should be revised to give states credit for serving *more* parents with disabilities and other barriers to employment, rather than fewer such parents.** For example, states could be given a credit against the WPR for families determined – in accordance with reasonable state standards – to have major barriers to employment. Alternatively, or in addition, states could be encouraged to design programs for these parents with reduced hours requirements tailored to what the parent can realistically do, consistent with the Discussion Draft provisions on assessment.

- **At a minimum, individuals who are applying for SSI or in the SSI appeals process should not be considered "work eligible."**

## The cap on the share of the work participation rate that can be satisfied by participation in training or education should be eliminated.

Massachusetts' economy, like that of the rest of the country, is increasingly knowledge-based. More than 40% of TANF cash assistance adults in Massachusetts lack a high school diploma or GED. About 20% are not proficient in English. Families are less likely to become self-supporting if they are pushed into unstable low-wage jobs or unpaid community service than if they have help to address these deficits. If the cap is not changed or is only lifted, then it is also important to eliminate the provision that counts young parents maintaining satisfactory school attendance toward the cap. This has been an issue for Massachusetts, which has an excellent school program for parenting teens receiving TANF cash assistance. When the young parents in that program are added to the number of countable individuals in vocational education, Massachusetts exceeds the cap if participants in its worker supplement program are not counted in the work participation rate.

## The bill should require HHS to allow more flexibility in how participation hours are counted.

Current rules require the state to track each participant's hours of participation. This is an enormous burden on programs that provide services, results in sanctions of parents who are doing their best to comply, and penalizes states that focus on helping participants succeed rather than documenting hours. We urge Congress to direct the Secretary to revise current rules in the following ways:

- **Allowing for holidays and days of program closure.** Current regulations allow only 10 holidays per year. However, many nonprofit and public employers are closed for more than 10 days per year, especially if they close for the week between Christmas and New Year. Similarly, many education and training programs, job search programs, and job readiness programs are closed for more than 10 days per year, including holidays, semester breaks, and days when the program is closed for staff training or other reasons. During the past winter in Massachusetts, schools and many employers were closed for seven or more days because of weather. On several days, the Governor directed non-essential employees to stay home. Public transportation in the Boston area stopped working and roads throughout the state were impassible or dangerous. The Secretary should be directed to allow states to count days when the employer or program is closed, or alternatively, to calculate monthly compliance excluding such days.

- **Allowing for excused absences.** Current regulations allow only 80 hours of excused absences – including vacation and sick time – over the course of a year, and no more

than 16 hours in any given month. This is more rigid than the absence rules of many employers. Parents get sick and should be encouraged to stay home rather than infect others in the workplace. Children get sick too, and parents need to stay home to care for them. Parents also need to go to medical appointments for themselves and their children, attend school conferences, and deal with breakdowns in transportation or child care arrangements. Massachusetts workers by law can earn and use 40 hours a year of sick time in addition to vacation time. The bill should direct the Secretary to allow states to count a reasonable amount of sick time, in addition to a reasonable amount of personal time, including vacation.

- **Reducing the documentation burden.** Current regulations allow states to project hours for up to six months based on current information on work hours for individuals in paid employment. This is similar to and dovetails with the SNAP (food stamp) Simplified Reporting option, which allows states to require SNAP recipients to report earnings only twice a year (unless their income goes over a specified limit). The bill should similarly direct the Secretary to reduce the documentation burden for persons in other activities that can be expected to last more than a month – including participation in training and education programs. Once an individual is enrolled in program that meets the hours requirement, the state should be allowed to count that individual for the requisite number of hours for the duration of the program provided the state verifies continued participation at appropriate intervals.

- **Standardizing the number of hours per month.** Under current rules, the number of hours each month varies depending on the number of days in the month, adding to the documentation burden. The Secretary should be directed to allow states to require the same number of hours each month, 80 hours a month instead of 20 hours a week or 120 hours a month instead of 30 hours a week. This would retain a clear federal standard but would be easier to administer than the current rule.

## A strategy other than (or in addition to) a floor on spending is necessary to redirect TANF and MOE funds to cash assistance, work supports and child care.

The TANF cash assistance caseload in Massachusetts has dropped by 30% since October 2012, due to a combination of an improving economy, harsher implementation of state work requirements and time limits, and state agency business process changes that make it harder for families in need to access and maintain benefits. The caseload is now less than have of what it was in 1996. The state has not invested the "savings" from the caseload decline in long overdue increases in benefits (which have lost nearly half their value to inflation since the late 1980s) and also has not invested in services to help families address severe barriers to employment. Instead, increasing amounts of TANF and MOE are used for worthwhile programs other than the cash assistance program. Center on Budget and Policy Priorities calculations show that the Massachusetts TANF-to-poverty ratio is now less than half of what it was in 1996.

However, unlike many other states, Massachusetts is already spending about 30% of TANF and MOE on cash assistance and work activities (though that will decline if the caseload continues to

decline) and is already spending an additional 30% of TANF and MOE on child care in addition to the 20% of the block grant that is transferred from TANF to CCDF. Thus, a 50% floor (which we understand was suggested at the hearing) would likely not redirect funds to cash assistance or work supports in Massachusetts if the floor includes child care spending.

Moreover, a floor will not be effective in redirecting funds to cash assistance and work supports for the neediest families as long as the WPR continues to penalize states for providing those benefits to persons with disabilities and other barriers to employment. Rather than risk a penalty, states may create worker supplement or other programs that comply with the new requirements but only help families at higher income levels. This is especially likely if the state anticipates that it will be difficult to increase MOE to satisfy a penalty.

One alternative would be to require states to take incremental steps towards a TANF-to-poverty ratio of at least 75 TANF cash assistance families for every 100 families in poverty, the national ratio in 1994-1995 according to the Center on Budget and Policy Priorities. Other ways to achieve the goal of directing funds back to serving the families with the greatest need should also be considered.

## States should be allowed to use sampling or other methods to comply with the proposed prohibition on claiming TANF or MOE for families with incomes at or above 200% of the federal poverty line.

The Discussion Draft reasonably allows states to claim spending for *programs* that provide benefits or services to families with incomes at or above 200% of the federal poverty line as long as the *family's* income is below 200% FPL when the family applies. Thus, states would be able to claim at least some of the spending for programs that seek to reduce "cliff effects" by having higher income limits or by phasing out the benefit amount or raising co-pays incrementally for families with higher incomes. Encouraging states to support such programs with TANF and MOE is especially important in a high cost state like Massachusetts where a 200% FPL limit for programs would exclude many families who are struggling to survive.

However, we anticipate that Massachusetts and other states may have difficulty tracking and reporting each family's income data at the time of application. We therefore suggest that the bill expressly allow states to use a sample rather than individual case data to determine the amount that can be claimed for families below 200% FPL who are served in programs that also serve families with higher incomes. States should also be allowed to establish that a family in the sample has income below 200% FPL by doing a match with the SNAP caseload (as is done to verify eligible for the National School Lunch Program) or through a match with other data sources such as the state's quarterly wage data. Because sampling would likely determine income at a point in time after application rather than at the time of application, the bill language should be revised to allow a claim for families whose incomes are below 200% FPL at any point during the sample period as well as families whose incomes are below 200% FPL at the time of application.

## States should be held accountable but the outcome measures and penalties should be revised.

We support the inclusion of outcome measures to assess how individuals fare after they leave TANF. This could have a salutary effect in Massachusetts where a short 24-month time limit, work sanctions, procedural case closings, and lack of investment in work supports pushes many families off assistance before they able to support themselves. However, under the Discussion Draft, a state could count a family towards the performance target even if the parent is employed only a few hours a week. There should be a minimum amount of earnings that will count towards the performance target, which should bear some relationship to the state minimum wage times the number of hours required for a family to count towards the WPR. For similar reasons, the Discussion Draft's proposed earnings gain measure should be revised to measure earnings at a point in time and should give states credit only for families who meet specified earnings levels such as, at a minimum, the federal poverty level. We support the concept of setting performance goals that allow for variations among states' economic conditions, wages and cost. However, we are concerned that allowing each state to negotiate its own target will prompt some states to try to set the bar low to avoid the risk of penalties and will make it impossible to compare performance states. The bill should therefore direct the Secretary to develop standard measures, which could be state specific, such as a percentage of median income.

Although such performance measures could discourage states from pushing families off assistance who cannot support themselves, focusing only on employment success could create an incentive to states to make it harder for families who have major barriers to employment to access cash assistance in the first place. Outcome measures should therefore also be designed to discourage states from denying assistance to these parents. The TANF-to-poverty ratio could be one such measure.

We share the concern of others that the penalty structure in the draft needs to be revised. As drafted, the bill would hold back a portion of the block grant and require states to earn back the withheld amount by meeting outcome measure goals. This risks penalizing *families*, who will ultimately suffer if block grant funds are reduced. We suggest that instead of such a draconian penalty the bill would authorize the Secretary to require the state to submit a corrective action plan setting forth the steps the state will take to address the failure. The bill could authorize the Secretary to reduce the amount the state can claim for administrative expenses it the state fails submit and comply with a corrective action plan. The bill could also authorize the Secretary to require the state to increase its investment in cash assistance, work supports and childcare. The Food and Nutrition Service of the Department of Agriculture uses a similar penalty process to enforce compliance with SNAP (food stamp) rules.

## The Family Violence Option should be redesigned to allow states to exclude domestic violence survivors from the work participation rate denominator in appropriate circumstances.

Studies in Massachusetts have determined that as many as two-thirds of all TANF cash assistance recipients are survivors of or currently experiencing domestic violence. However, for FFY 12, Massachusetts reported having granted only 25 good cause domestic violence waivers. Most other states also reported having granted very few domestic violence waivers. One reason for this is that granting a domestic violence waiver only helps the state to the extent that the state can show that but for the waiver the state would have met the WPR or would not have failed to comply with the five-year limit. States should be allowed to exclude from the WPR calculation families who qualify for a domestic violence waiver from the work requirement. The bill could limit the number of such exclusions and could require the Individual Opportunity Plan to detail the grounds for the waiver and a timeline for review of it.

## Additional funding is needed.

The block grant has lost 30% of its value since it was established. The freeze on funding is one reason that TANF cash assistance benefits in most states have not kept pace with inflation. Cash assistance benefits are so low that families who receive them live from crisis to crisis. TANF cannot help families move towards economic security if it does not first meet their basic needs. Low benefit levels are also a factor in the increasing numbers of very poor families who are over-income for their state's cash assistance program yet face similar survival challenges. The block should be increased, should be indexed to inflation for future years, and at least some of the increases should be directed to states that increase their cash assistance benefits and cover more of the state's poorest families with children.

## The drug felon bar should be eliminated.

Massachusetts has opted out of the drug felon bar for SNAP and has limited it for TANF cash assistance recipients so that it only applies to persons who were incarcerated for the felony and released from prison within the previous year. Although the remaining bar is a real issue for the very few families who are affected and potentially interferes with their rehabilitation and return to society, the main problem with the remaining bar in Massachusetts is that adds yet another rule to an already overly complicated program and does not serve any of the primary goals of TANF. We therefore recommend that the drug felon bar be eliminated.

Thank you very much for your consideration of these comments and for the Committee's commitment to making TANF do a better job of helping the nation's neediest families achieve economic stability.

Submitted by:

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| **From:** | Jeffrey Collord |
| **To:** | Submissions, Ways and Means |
| **Subject:** | Testimony on Welfare Reform Proposals |
| **Date:** | Friday, July 17, 2015 4:19:43 PM |
| **Attachments:** | 2015 Responsible Fatherhood Act Support - Haymarket Center.doc |

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Greetings:
The attached comments are submitted by
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MCDERMOTT CENTER dba HAYMARKET CENTER

COMPREHENSIVE ALCOHOL & DRUG TREATMENT PROGRAMS

FOUNDED IN 1975 BY MSGR. IGNATIUS MCDERMOTT AND DR. JAMES WEST

July 16, 2015

The Honorable Charles Boustany, Chair
Subcommittee on Human Resources of the Committee on Ways and Means

Re: Julia Carson Responsible Fatherhood and Healthy Families Act of 2015: Support

Dear Chairman Boustany:

Haymarket Center, Chicago's largest provider of substance use disorders and mental health treatment, strongly supports the Julia Carson Responsible Fatherhood and Healthy Families Act of 2015 (the Act). Located in Illinois' 7th District, represented by the Honorable Danny K. Davis, we are proud of Representative Davis's leadership on responsible fatherhood issues. We believe the Act will make significant improvements in the ability of federal programs to encourage and support responsible fatherhood and healthy families through enhancing supports–and reducing barriers—for families to increase upward economic mobility; to maintain healthy, non-violent family relationships; and to improve child support and cooperative parenting. We also believe the Act can play an important role in helping families to break negative cycles, so that a new generation will have better access to the opportunities that will give them success in life.

As a recipient of a Pathways to Responsible Fatherhood grant, Haymarket Center has helped 1,200 families in the past four years. We hope to build on the successes of this program and the lessons learned to operate a New Pathways grant program in the five years to come. Provisions of the Act, if passed, will enhance the ability of fathers and families in our program to achieve success. Specific provisions of the Act we particularly support include reforms to TANF, modernizing child support enforcement program, adjustments to the SNAP program, and enhancements to the fatherhood and healthy marriage grant programs.

**Reforms to Temporary Assistance for Needy Families (TANF)**

Clients of Haymarket Center, who come from every congressional district in Illinois, frequently need the help provided by TANF. Over 90% of them are unemployed, 75% are homeless, and 92% have criminal justice histories. Helping these individuals find jobs poses significant challenges. Subsidized employment has been a powerful tool to provide them with job experience they can use to move into permanent, stable employment. The Act's provisions to expand subsidized employment and job training are welcome enhancements.

Website:
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**Modernizing Child Support Enforcement Program**

Child support is an important component of responsible fatherhood and healthy families. Yet fathers who have faced substance use, incarceration, loss of a job, or other serious challenges can avoid connecting with their families due to child support enforcement and fear of further legal difficulties. The Act provides sensible reforms that recognize the realities of many of these fathers, while still encouraging and providing a path for fathers to return to responsible payment of child support. These reforms also recognize the value of education in helping fathers and families to improve their economic upward mobility.

**Adjustments to Supplemental Nutrition Assistance Program (SNAP)**

Ensuring that child support payments do not result in loss of food assistance will remove a negative incentive for mothers not to seek child support and is a reasonable adjustment.

**Enhancements to the Fatherhood and Healthy Marriage Grant Program**

Enhancements to this grant program respond to the realities of clients served in the current program, similar to clients of Haymarket Center. Haymarket serves nearly 16,000 clients annually from communities of Chicago with the highest drug arrest and murder rates in the nation. Of these, approximately 30% are fathers who have abandoned or are separated from their children because of their substance use and who are unlikely to participate in any fatherhood program unless their substance use is stabilized. With high levels of unemployment and homelessness, our clients are often unable to provide for their children's needs. In addition, 91% of the fathers we served in the Pathways to Responsible Fatherhood grant were unmarried with multiple children from different women from whom they have separated. Most lack parenting skills to be a good father.

Therefore, while the Act retains a focus on healthy marriages, addition of "healthy relationships" takes into account the types of clients Haymarket serves most often, where there isn't a marriage but there is still an urgent need to help men and women who have a child learn to communicate and share responsibility for the child. The proposed new language also recognizes the challenges and extra needs of "low-income fathers and other low-income noncustodial parents," which we hope leads to stronger supports for these individuals and the providers seeking to help them.

In our current project, ending in September, Haymarket has already served 1,200 of these individuals. Through the grant, over 72% of fathers reported increased contact with their children, 85% improved relationships with their children, 86% improved communication and conflict resolution skills; and 89% improved parenting skills. Key lessons learned that will guide services for a New Pathways project, if awarded, include addressing fathers' fear and lack of skills to reconnect with their children and mothers of their children; reluctance of mothers to include fathers who are entering recovery from substance use disorders in co-parenting of their child; and the need for on-going support once fathers leave the program. These are Haymarket's

examples, and other providers nationally no doubt have similar positive outcomes from this valuable program. The Act will ensure funding for this valuable program through 2020, ensuring that thousands of fathers and families nationally can benefit from the types of support Haymarket was able to provide in the past four years.

We thank the committee for its excellent work in developing the Julia Carson Responsible Fatherhood and Healthy Families Act of 2015 and wish to record our strong support for the Act. We also appreciate the opportunity to provide comment, and look forward to passage and implementation of the Act.

Sincerely,

Dan Lustig, Psy.D., MISA II, CRADC
Vice President of Clinical Services.

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| **From:** | Jeffery Johnson |
| **To:** | Submissions, Ways and Means |
| **Subject:** | National Fatherhood Leaders Group Responses to TANF Reauthorization |
| **Date:** | Friday, July 24, 2015 3:23:30 PM |
| **Attachments:** | National Fatherhood Leaders Group Comments to House Sub-Committee on Human Resources TANF Reauthorization 2015.doc |

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Attention Ways and Means Committee Staff:

Please see attached National Fatherhood Leaders Group Comments regarding TANF Reauthorization. Please contact me with questions.

Jeffery Johnson
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Thank You,
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Thank you for attending our 17th Annual International Fatherhood Conference this year. We look forward to seeing you at the 18th Annual International Fatherhood June 14-17, 2016 in Kansas City, Missouri.

Visit www.npclstrongfamilies.org information on the conference and training opportunities by NPCL.

July 24, 2015

The Honorable Charles Boustany, Chairman,
Ways and Means Human Resources Subcommittee
U.S. House of Representatives
Washington, DC

Dear Mr. Chairman:

On Behalf of the Board and Members of the National Fatherhood Leaders, I am submitting comments for consideration of the *Improving Opportunity in The American Welfare Act 2015*. The National Fatherhood Leaders Group (NFLG) is a coalition of national and community-based fatherhood organizations, individual fatherhood practitioners and others interested in fatherhood and family strengthening. Our mission is to raise awareness of the importance of two involved parents in the lives of children and to strengthen the capacity of the responsible fatherhood field. NFLG is a 501(c) (3) tax-exempt nonprofit membership-based organization.

We are aware that 40 percent of children in the United States are born to unmarried parents, and often both parents have low incomes. Many children who grow up without their fathers struggle and are vulnerable to a number of negative risk factors. The public costs of father absence on children are substantial, including poverty, low academic achievement, juvenile delinquency and early pregnancy.

NFLG offers the collective voice of the responsible fatherhood field to help policymakers, practitioners, community and faith-based organizations, child advocates and other groups, understand the importance of providing fathers with the services and supports they need to act responsibly.

## NFLG COMMENTS

## THE IMPROVING OPPORTUNITY IN THE AMERICAN WELFARE ACT 2015

**REQUIRE**

1. HHS Office of Family Assistance provide pre-proposal technical assistance in advance of submission of TANF responsible fatherhood and healthy marriage/relationship education grants applications. This will level the playing field and improve the competitive balance of all who seek funding.

2. All TANF funded responsible fatherhood programs to establish parenting plans, including co-parenting and parenting time agreements, for non-married parents to include access and visitation.

3. Remove the requirement for matching funds. This could have the unintended consequence of co-opting the ability of community organizations that have developed and provided fatherhood and healthy marriage/relationship education programs by established and large organizations with significant capacity to raise private funds. State funding for fatherhood and healthy marriage/relationship education programming could be subsumed and diminished within existing programs that will not emphasize the specific programming and specialized case managements and social support services that are essential to the success of these uniquely focused programs.

4. HHS Office of Family Assistance to continue to implement and refine social experiments on responsible fatherhood and healthy marriage/relationship education along the lines of the research cycle employed by National Institutes of Health and the Institute for Education Science of the Department of Education.

5. Increase funding levels by 100% to expand fatherhood and healthy marriage/relationship education programs to insure substantive increases in the expanding knowledge base for serving non-custodial fathers and individuals and couples who grew up in vulnerable families. Given current indicators of effectiveness, funding should be increased to insure that programming variety allows for the complexity of American family life for our most needy children and their parents.

6. Allow for continued delivery and refinement of new, modified and improved fatherhood and healthy marriage and relationship education curricular and programming developments as well as promising practices and current evidence informed models. In some instances research is funded in ways that marginalize programs developed by community agencies and groups that seek to incorporate and attend to the unique characteristics of participants that university based programs often cannot reach. Narrowing the range of program models that are funded diminishes the importance of tailored programs. Manualized approaches that emphasize 'treatment fidelity' at the cost of establishing attunement to the needs of program participants cannot be the standard the fatherhood and healthy marriage/relationship education programs. The integration of theory, research, **and** *(field)* practice are the keys to programming that will produce effective and significant results for program participants. While many programs will

demonstrate effectiveness, comparative studies of program models and implementation strategies can differentiate which programs for which populations.

**ENCOUARGE**

1. HHS Office of Family Assistance to clearly define what constitutes a responsible fatherhood program.

2. HHS Office of Family Assistance to establish uniform standard benchmarks regarding responsible fatherhood program activities (e.g. program length, outcome metrics).

3. HHS Office of Family Assistance to establish criteria for the use of responsible fatherhood curriculums selection (e.g. what does evidenced-based mean? Does the curriculum have an assessment package?) Are responsible fatherhood education programs or job training programs?

4. HHS Office and Family Assistance to emphasize completion of responsible fatherhood parenting education components to have equal emphasis in performance/outcomes as it does for increases in child support payments and employment efforts. Research on non-custodial parents suggest that knowledge of good parenting practices, visitation and access combined with attitude improvements, influences responsible parenting behaviors toward child support and work.

5. HHS Office of Family Assistance to provide timely feedback to grantees regarding program performance. This information should also be made available online.

6. HHS Office of Family Assistance to provide specific guidelines regarding allowable program support services and program incentives. Specifically food for workshops and other community activities.

7. HHS Office of Family Assistance to provide specific guidelines for media campaigns. For example, should media campaigns be used for the recruitment only of fathers and/or for the promotion of responsible fatherhood community at large to create an environment that is more receptive to fathers and contributors to the success of families?

8. HHS Office of Family Assistance to develop best practice (with a clear definition of best practice) tool kits and other materials that provide guidance to the implementation of the programs.

9. HHS Office and Family Assistance to develop efficient processes in client intake and enrollment data. Specifically a streamlined process that would lessen the paperwork of grantees. Some grantees reported that current HHS procedures can take up to several weeks to complete because of the low reading levels of clients being served. The newly created and implemented FaMLE Crossties' and Form is a major step in this direction.

Respectfully Submitted,

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| **From:** | Kermit Kaleba |
| **To:** | Submissions, Ways and Means |
| **Subject:** | National Skills Coalition Testimony for the Record |
| **Date:** | Tuesday, July 21, 2015 5:10:33 PM |
| **Attachments:** | image001.jpg<br>image002.jpg<br>image003.jpg<br>image004.jpg<br>image005.jpg<br>image006.jpg<br>2015-07-21 National Skills Coalition Testimony on Improving Opportunity in America Welfare Reauthorization Act.docx |

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Hello please find attached National Skills Coalition¹s testimony for the record regarding the Human Resources Subcommittee¹s discussion draft for the ³Improving Opportunity in America Welfare Reform Act of 2015.² We appreciate the opportunity to comment, and would be happy to answer any questions the committee may have regarding this submission.

Best regards,
Kermit Kaleba

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**Visit our website at www.nationalskillscoalition.org, or follow us on:**

# House Ways and Means Committee Subcommittee on Human Resources Welfare Reform Proposals Hearing

## Testimony for the Record
## Submitted by Kermit Kaleba, Federal Policy Director

July 21, 2015

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National Skills Coalition – a broad-based coalition of business leaders, union affiliates, education and training providers, community-based organizations, and public workforce agencies advocating for policies that invest in the skills of U.S. workers – is pleased to submit the following written testimony for the record on the discussion draft of the "Improving Opportunity in America Welfare Reauthorization Act of 2015."

We wish to commend Chairman Boustany and other members of the House Ways and Means Committee for their commitment to modernizing and strengthening the Temporary Assistance for Needy Families (TANF) program. TANF is one of the nation's most important safety net programs, providing cash assistance and other supports that have helped millions of low-income families weather periods of financial hardship. But it is a program that is held back by a number of restrictive requirements that have hindered the adoption of practices and strategies which could help more TANF recipients transition into well-paying and sustainable employment.

Last year, Congress took important – and bipartisan – action to update the nation's workforce investment systems through passage of the Workforce Innovation and Opportunity Act (WIOA), legislation that reflects the growing recognition that in order to adequately address the skills needs of workers, jobseekers, and employers, we must do a better job of coordinating across multiple education, training, and supportive services programs. National Skills Coalition strongly supports the vision and goals of WIOA, and we believe that Congress should work to ensure that other federal investments in our nation's workforce are aligned with this vision.

We are therefore encouraged to see that the discussion draft includes a range of proposed policy changes that will expand access to employment, education, and training for TANF recipients, including extending the lifetime limits on participation in vocational educational training; lifting statutory caps on the percentage of individuals in education and training that may be counted toward state work participation rates; and adopting new performance indicators for

individuals transitioning off of TANF that should create better incentives for states to focus on long-term outcomes for TANF participants. We are also supportive of efforts under the draft legislation to stimulate innovative training strategies through the new "Improving Opportunity Fund," and of new requirements that would encourage states to include TANF as part of their broader workforce development planning.

At the same time, we are concerned that the draft legislation does not go far enough in bringing TANF in line with the realities of the 21st century economy, and in particular the need to ensure that all Americans – including TANF recipients – have access to the fullest possible range of high quality education and training services aligned to the skill requirements of local and regional industries. We therefore offer the following recommendations for strengthening the proposed legislation.

- **Increase funding for the state basic assistance grant.** The discussion draft proposes setting funding for the state basic assistance grant for Fiscal Years 2016-2020 at just under $16.6 billion, which represents a modest increase over current levels but is approximately 30 percent below funding authorized under the Personal Responsibility and Work Opportunity Act in 1996, when adjusted for inflation. This continued erosion of TANF's purchasing power has contributed to a significant decline not only in the number of individuals directly receiving assistance – the most recent data indicates that a monthly average of 3.9 million individuals received TANF benefits in Fiscal Year 2014, compared to the 11.4 million individuals receiving welfare assistance in 1997 – but also a significant decrease in the percentage of families with children in poverty who are receiving any cash assistance under the program, with the Center on Budget and Policy Priorities estimating that only one-quarter of such families received cash assistance in 2013.[1] While we recognize that in the current fiscal climate Congress must balance multiple competing and compelling interests, we believe that the positive changes outlined in the proposed legislation would be even more effective if TANF were to be funded at a level that corresponds with the actual scale of need.

- **Eliminate the "all-families" work participation rate**. National Skills Coalition strongly supports the proposed elimination of the "two-parent" work participation rate under section 9, but we are disappointed that the discussion draft maintains the all-families work participation rate as the central performance measure for state TANF programs. The problems with the work participation rate are well-documented and well-understood: it puts substantial pressure on work-eligible TANF recipients to participate in low-paying work activities that are unlikely to contribute to longer-term success in the labor market; creates administrative burdens for TANF agencies and service providers who must

[1] http://www.cbpp.org/research/family-income-support/tanf-continues-to-weaken-as-a-safety-net

document work participation; and provides limited incentives for states to develop and implement meaningful career pathways for TANF recipients.

The discussion draft points a better way forward. Under proposed section 7, states will now be required to negotiate performance levels relating to employment and median earnings of TANF leavers, similar to the performance indicators that are applied to the six core programs under the Workforce Innovation and Opportunity Act (WIOA). These measures would not only provide a better measure of TANF's success in helping recipients transition out of poverty and into family-sustaining employment, but would support greater alignment with other federal workforce and education investments. Rather than applying these measures to a relatively small percentage of the state basic assistance grant, the committee should seize this opportunity to jettison the work participation rate entirely and instead measure performance by how well state TANF programs are meeting the long-term employment needs of participants. The committee could also consider giving states the option to elect either work participation rates or the outcome indicators under section 7 as their primary performance measures.

In the event that the committee does not accept the recommendation to eliminate the work participation rate altogether, we would encourage the committee to consider steps that would reduce the administrative burdens on states and service providers in tracking participation. In particular, while we strongly support the committee's efforts to expand access to education and training programs, we are concerned that the current requirements relating to verification of work participation will make it difficult for community colleges, community-based organizations, and other training providers to enroll and serve TANF recipients. To alleviate these concerns, the committee could consider language that would allow successful participation in key federally-supported programs – including adult and youth training programs under WIOA Title I, adult education programs under WIOA Title II, and training services under the Supplemental Nutrition Assistance Program (SNAP) – to be automatically counted as meeting the minimum hour requirements. This step would make it easier for TANF recipients to obtain the skills and credentials they need to succeed in the labor market, while also reducing duplication of services at the state and local levels.

We note that the proposed performance indicator under section 7 relating to median earnings for TANF leavers is different from the WIOA indicator, in that it would measure earnings changes between the second and fourth quarters after program exit, rather than simply measuring median earnings during the second quarter after exit. To avoid confusion and ensure that states are able to better align investments under WIOA and TANF, we would encourage the committee to adopt a performance accountability framework that is as

closely aligned with WIOA measures as is practicable, including considering interim indicators of progress such as measurable skills gains

We would also respectfully encourage the committee to consider eliminating section 4 of the discussion draft, which would prohibit the Department of Health and Human Services from authorizing or approving waivers to the work requirements under TANF. While we recognize that this provision is intended to clarify Congressional intent with respect to work requirements, we believe it is important to maintain at least some administrative flexibility to support innovative strategies that allow states to achieve the broader purposes of poverty reduction and improved employment outcomes. We believe that eliminating any options for waivers may also undercut the committee's efforts under section 11 of the discussion draft to promote greater coordination and planning between TANF and other federal workforce programs.

- **Eliminate the current cap on vocational educational training**. The discussion draft leaves as an "open question" the possibility of lifting the current statutory cap on vocational educational training and secondary school attendance that may be counted towards a state's work participation rate. In the event the committee opts to retain the work participation rate as a measure of state performance, we strongly urge the committee to lift the cap on these activities.

  According to the most recent data available from HHS, 41 percent of adults receiving TANF assistance in Fiscal Year 2012 had fewer than 12 years of formal education, and only 5.7 percent of adults had any form of postsecondary education. In an economy where as many as 80 percent of all new job openings will require at least some education and training beyond the secondary level[2], it makes little sense to impose restrictions on TANF recipients that limit their ability to access these skills. Lifting the cap will give states greater flexibility to design TANF programs that reflect the educational needs of participants, including through career pathways models that align adult education, job training, and supportive services to help low-skilled individuals transition into and advance in high-demand occupations.

- **Ensure that training grants under the proposed "Improving Opportunity Fund" are well-coordinated to state and local workforce investments.** Section 10 of the discussion draft proposes to replace the current TANF contingency fund with a range of competitive grants to support demonstration projects, including $75 million to support training in in-demand occupations ass defined under section 3 of WIOA.

[2] http://www.nationalskillscoalition.org/resources/publications/file/middle-skill-fact-sheets-2014/NSC-United-States-MiddleSkillFS-2014.pdf

National Skills Coalition strongly supports federal investments in high-quality job training, and we believe that the proposed training grant program – if implemented appropriately – provides a useful tool to improve connections between TANF and other workforce programs. We would recommend that the committee strengthen the existing language by explicitly encouraging states to propose strategies that are aligned with new programmatic requirements under WIOA, including the development and implementation of industry or sector partnerships as defined under section 3(26) of WIOA, and career pathways programs as defined under section 3(7) of WIOA. Given the relatively high percentage of TANF recipients who lack a high school diploma or recognized equivalent, we would also encourage the committee to include explicit linkages to adult education programs funded under WIOA Title II. Adding such language would send an important signal to states about the importance of leveraging and coordinating investments across programs, while also helping connect TANF recipients to workforce strategies that have demonstrated effectiveness in meeting the needs of low-skilled, low-income individuals.

Again, we applaud the Committee for their efforts to improve and modernize the TANF program, and we look forward to working with you to ensure that the final legislation supports meaningful opportunities for TANF recipients to fully transition into family-supporting employment.

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| **From:** | Frash, David |
| **To:** | Submissions, Ways and Means |
| **Subject:** | Written Testimony Submission |
| **Date:** | Tuesday, July 14, 2015 11:47:48 AM |
| **Attachments:** | image001.png<br>image003.jpg<br>Written Testimony of Cynthia Dungey Director Ohio Department of Job and Family Services- July 15 Final.docx |

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Please see the attached written testimony from Director Cynthia Dungey, Ohio Department of Job and Family Services. Per the committee¹s instructions Director Dungey¹s contact information is below.

Please confirm receipt of this email and let me know if you need anything else from our end.

Cynthia Dungey
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Thank you we appreciate the opportunity to submit written testimony.
David

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**July 15, 2015**

**Written Testimony of Cynthia Dungey**
**Director**
**Ohio Department of Job and Family Services**
**U.S. House Ways and Means Committee**
**Subcommittee on Human Resources**

Chairman Boustany, Ranking Member Doggett, and members of the committee:

Thank you for the opportunity to submit testimony to help inform the committee's consideration of welfare reform and legislation to reauthorize the Temporary Assistance for Needy Families (TANF) program. As the director of Ohio's Department of Job and Family Services, I am responsible for managing a number of vital programs that directly impact the lives of Ohioans who rely on TANF, the Supplemental Nutrition Assistance Program (SNAP), job training and employment services, child care, unemployment insurance, child welfare and adoption, adult protective services, and child support programs. Our mission is to improve the well-being of Ohio's workforce and families by ensuring the safety of Ohio's most vulnerable citizens, and promoting long-term self-sufficiency.

A job is the best anti-poverty program, yet too many individuals are trapped in a cycle of poverty. As the economy continues to improve, we cannot afford to have a significant portion of our population in the shadows. Helping these families find meaningful employment is both an economic issue and a moral obligation. In May, Ohio's unemployment rate was 5.2 percent and OhioMeansJobs.com, the state's online job bank, listed more than 206,000 help wanted ads. However, too many Ohioans are unable to take advantage of the improving economy. Nearly 24,000 Ohioans drop out of

high school every year, increasing the likelihood they will not obtain the skills necessary for sustainable employment. At the same time, others struggle to find reliable transportation, stable housing and affordable child care.

Accountability and personal responsibility are important cornerstones of the TANF program and fully embraced by Ohio. In recent years, the state has worked diligently to improve our work participation rate and provide job training and work experiences to adults receiving cash assistance. Ohio's all-family work participation rate improved from 25 percent in December 2010 to 58 percent in March 2015. In addition, the state has increased investments in work support programs, including expanding access to child care assistance for families up to 300 percent of the federal poverty level. We've worked within the rubric of the current system, but simply meeting the work participation rate isn't indicative of actually getting people jobs or the education they need to be successful in the workforce. The next crucial step is ensuring that TANF recipients overcome barriers to employment and develop the in-demand skills local employers seek.

As a county-administered state, with 88 counties representing urban, rural and suburban communities, Ohio is a microcosm of the nation and the perfect laboratory for a new way to work – a new approach to the challenges facing low-income and chronically unemployed individuals.

**A New Way to Work**

Ohio Governor John Kasich recently signed into law the state's biennial budget, which includes an unprecedented focus on helping Ohioans rise up and out of poverty

and into jobs. The Governor has established a statewide framework that will transform the network of human service and workforce programs to find a *New Way to Work* for the more than 1.8 million Ohioans in poverty, starting first with 16- to 24-year-olds, where early intervention can have the greatest impact.

Ohio is ending the siloed, fragmented approach that for far too long treated "symptoms" of poverty instead of seeking a cure for the underlying challenges faced by low-income Ohioans. We are pushing traditional program boundaries by integrating components of the Ohio Works First TANF program with employment programs under the newly reauthorized Workforce Innovation and Opportunity Act (WIOA) to create a better coordinated, person-centered case management system. The state's Comprehensive Case Management and Employment Program will provide an individualized employment plan appropriate to each person's unique needs in order to remove barriers and make stronger connections to employment. This strategy leverages the strengths of both the workforce and human services systems in a way that focuses on people, not programs.

A number of states and localities have experimented with reforms to better integrate services and align the workforce system to address the needs of TANF recipients and other low-income workers. Lessons learned, highlighting both the benefits and challenges of these initiatives, are well documented. However, Ohio is embarking on this reform in the new era created by WIOA.

WIOA reauthorized national workforce programs for the first time in 16 years and set the stage for a new round of state and local innovation. The law provides opportunities for employment and training activities to be extended to TANF recipients

and for developing innovative, job-driven programs that align services across the TANF and workforce systems. For example, TANF is now a required partner in the local one-stop workforce system, and there is an increased focus on serving low-income individuals with barriers to employment, including out-of-school youth and individuals receiving public assistance. This increases the overlap between targeted populations under both WIOA and TANF.

As we approach the 20th anniversary of the passage of the Personal Responsibility and Workforce Opportunity Act (PRWORA), there is a similar opportunity to make changes to the TANF program to give states flexibility to integrate services and improve employment outcomes for recipients.

**Obstacles to Success**

From a TANF perspective, there are two major obstacles to TANF-WIOA coordination: 1) Work participation rates are process measures focused on attendance, not outcomes, and 2) strict federal rules, not individual needs, drive work activities.

Rules governing federal work participation requirements have become overly prescriptive and have fundamentally distorted the way caseworkers interact with TANF clients. Federal law holds states accountable for meeting work participation rates, but that accountability has a ripple effect and impacts decisions individual caseworkers make about activities to which TANF clients are assigned. Instead of spending time identifying what clients need and how to get them employed, caseworkers are incentivized to manage to a process to meet the rate. One caseworker I spoke with referred to the work participation rate as a “numbers game.” Another caseworker said

every once in a while he will “take a kick in the teeth” on work participation to do the right thing for a client. Understanding clients’ complex problems and helping them build a path forward is a human-resource-intensive activity. High-quality interactions between caseworkers and clients are the linchpin to identifying barriers and helping individuals become work-ready. Policies that require caseworkers to do mathematical gymnastics to match countable hours to assigned activities are counterproductive and waste a precious resource: their time.

Work participation rules also have led to a proliferation of work experience programs, many of which unfortunately amount to sheltered workshops where clients are given menial tasks disconnected from the skills needed in the job market. Taxpayer dollars are being used to pay outside contractors that specialize in developing and running these “work experience” programs for the sake of saying a client “worked” for their check and counting them toward the rate. It’s hard to believe such programs were a part of Congress’ original vision for welfare reform in 1996.

Finally, federally prescribed work participation rules provide a strong disincentive for workforce development agencies to work with TANF clients. Navigating the rules around what counts and for how long is simply too burdensome. Instead, workforce agencies are inclined to direct their services toward individuals with more work experience and higher skill levels. In short, the current cookie-cutter approach does not effectively move people into jobs, long-term stability or independence from government assistance.

In order to focus on jobs, Ohio is overhauling our case management system and aligning performance metrics with WIOA. Our standards will not be about an individual’s

core and non-core hours and number of consecutive weeks in an activity. Our standards, and ultimately our success, will hinge on metrics tied to improvements in job entry, job retention, earnings and educational outcomes for low-income Ohioans. The state has been a leader in implanting these measures within many of our workforce programs already.

**Recommendations**

Ohio is not suggesting that Congress reduce the emphasis on personal responsibility or eliminate minimum-hour requirements for individuals to participate in work activities. Yet, TANF has strayed from its original commitment under PRWORA "to increase the flexibility of states in operating a program designed to achieve the purposes of (the Act)" and "end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage." To return to that commitment, we recommend changing a number of federal TANF rules that make it difficult to customize case management based on an individual's employment readiness needs. Specifically, these include the following:

- **Removing the distinction between "core" and "non-core" activities**. Education and training are important pre-cursors to getting a good job. Removing the distinction between "core" and "non-core" activities allows for an individualized service approach to more effectively move clients toward work. For example, a TANF recipient who needs adult basic education and is required to complete 30 hours of activity may be assigned 10 hours to work on his or her education (a "non-core" activity) and 20 hours to attend a work experience program solely because it

is a “core” activity. Activities are assigned and constructed around counting that person toward the work participation rate, not because they address underlying challenges and needs that will enable them to be successful in the workforce.

- **Increasing the vocational education training time limit from 12 to 36 months.** Many individuals require remedial education or lengthier support to get a certification or credential they need to meet employer skill requirements. For example, let’s say a TANF work-required mom with an 8th grade education wants to get her GED and become trained as a phlebotomist. If it takes her longer than 12 months to obtain her GED, she already has used up her 12-month allowance for training (basic skills education linked to training counts toward the time limit). The time it takes to go from an 8th grade education to a GED varies. Someone at an eight-grade level might receive 100 instructional hours over an 18-month period and progress one grade level. Another student might receive the same number of hours over six months and progress two grade levels. Extending the time limit allows recipients additional time to get their GED and complete the vocational education training necessary to get a job. This is particularly important in Ohio, where approximately 30 percent of those in poverty who are age 25 and older do not have a high school education. (*Ohio 2014 Poverty Report*)
- **Increasing job search and job readiness time limits from six to 12 weeks, and removing the four-consecutive-week limit.** The hardest-to-serve individuals require additional time to gain the skills they need to be job-ready. For example, clients may need significant job readiness preparation and soft skills training before they are ready to meaningfully engage in job searching and interviewing with

employers. After spending four weeks on job readiness, they've used up their consecutive-week limits. Arbitrary time limits on job search and job readiness make it harder to successfully connect them to sustainable employment.

- **Removing the 16-hour monthly cap on good-cause hours (but maintaining the 80-hour annual cap) credited toward work participation.** This would provide more flexibility for individuals with situational extenuating circumstances. For example, a mom with children ages 3 and 6 has a high likelihood of being in a situation where one or both children are ill and unable to attend child care or school for more than two days in any given month. Removing the monthly cap would allow that mom to take care of her sick children without negatively impacting her benefit or the state's work participation rate.

A number of these issues are addressed in TANF reauthorization bills under consideration by the committee, in particular the elimination of the distinction between core and non-core activities and increasing the time allowed for job search activities. Ohio supports reforms that enable us to make these changes and that give us more flexibility to tailor our programs and services to successfully move more low-income individuals into work.

Ohio stands ready to work with the committee and its staff to help inform these and other reforms to the TANF program. If you have any questions or would like more details about Ohio's *New Way to Work* initiative, please feel free to contact me directly. Thank you for your time and consideration.

ReadyNation
Strengthening business through
effective investments in children and youth

July 17, 2015

The Honorable Charles Boustany
U.S. House of Representatives
1431 Longworth House Office Building
Washington, DC 20515

The Honorable Todd Young
U.S. House of Representatives
1007 Longworth House Office Building
Washington, DC 20515

The Honorable John Delaney
U.S. House of Representatives
1632 Longworth House Office Building
Washington, DC 20515

Dear Chairman Boustany, Representative Young, and Representative Delaney:

We applaud you and members of the House Ways and Means Subcommittee on Human Resources for including language authorizing Social Impact Demonstration Projects in the recently released draft bill reauthorizing the Temporary Assistance for Needy Families (TANF) program. We thank you for your leadership in ensuring the inclusion of this critical language to authorize and provide resources for the development of "pay for success" (PFS) social impact finance projects by state and local governments, which will reduce taxpayer burden and increase program effectiveness. Encouraging partnerships between private, philanthropic and public sectors to improve social programs through mechanisms such as the Social Impact Demonstration Projects will increase collaboration among stakeholders to solve social problems while ensuring that taxpayer money is spent wisely only on interventions that can demonstrate promised outcomes.

ReadyNation is the preeminent business membership organization whose purpose is to ensure the U.S. has the most productive competitive workforce in the world and enable our nation to regain self-generated sustainable economic growth – through maximizing the life-success of young children. Members of ReadyNation have led the way in developing and establishing PFS projects to scale up high-quality early childhood interventions that produce positive returns for young children and their families, for taxpayers, and for local, state, and the federal, governments.

ReadyNation respectfully submits the following recommendations in the hope that the final legislation will encompass all worthy social impact finance project areas and grant the flexibility needed to deliver the greatest value in promised outcomes.

We suggest amending section 10 of the draft bill as follows:

- Evidence-based early childhood education and home visiting programs have been proven (or, in some cases, have the promise) to improve maternal and infant health outcomes, school readiness, and future life success. In the interest of encompassing all worthy social impact project areas, we recommend including the following changes:
    - **Page 46, line 7,** inserting a new paragraph (V), and reordering paragraphs (V) through

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ReadyNation is a membership organization of business leaders under the umbrella non-profit Council for a Strong America.

(XXI) accordingly, to read: "(V) Improving school readiness and child academic achievement, and reducing special education assignments, grade retention, suspension or expulsions."; and,

- **Page 46, line 11,** revising (VII) to read: "(VII) Improving prenatal, neonatal, maternal and early child health among low-income or at-risk families and individuals."

- In many jurisdictions, the term "prison" isn't inclusive of juvenile facilities or detention centers. Therefore, we feel it important to specify the inclusion of juvenile correctional facilities or detention centers.
  - **Page 47, line 16,** revising (XVII) by replacing with the following**:**
    - "(XIV) Reducing juvenile or criminal offending, including reducing recidivism among individuals adjudicated as having committed a juvenile offense or adult crime."

- As the draft bill acknowledges, randomized control trials will not be possible in (or applicable to) all interventions due to the covariates and project conditions. It may be that quasi-experimental methodologies, such as those that compare the historical treatment of non-treatment and treatment groups, are necessary. Moreover, because the federal government is not at risk in PFS arrangements -- neither the Treasury Department will make outcome success payments nor will federal agencies from their own funds – without confirmation by a qualified independent evaluation that cost avoidance savings occurred, we do not believe that research design methodologies used by evaluators should be discussed in the legislation. This is the responsibility of the agency head and the intermediary.
  - **Page 52, line 19,** revising (XXII) by striking, "where available, well-implemented randomized control trials" and replacing it with:
    - "scientifically recognized, rigorous research design methodologies for assessing intervention effectiveness and impact, including for promising social interventions that have not yet been rigorously tested".

- Generally, we would encourage committee members to consider that there are promising new approaches to achieving the desired outcomes set forth in the legislation that may not yet have been rigorously tested. Therefore, we encourage incorporating language similar to that used in the reauthorization of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program that distinguishes between evidence-based and promising programs.
  - **Page 49, line 4,** revising (III) as follows**:**
    - ``(III) Rigorous evidence demonstrating that the intervention, or combination of integrated interventions, can be expected to produce the desired outcomes, <u>or the model conforms to a promising and new approach to achieving the outcomes specified in paragraph (3)(B)(ii), has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process</u>."; or,
    - "(III) Rigorous evidence demonstrating that the intervention, or combination of integrated interventions, can be expected to produce the desired outcomes <u>or, if the intervention has not undergone sufficient rigorous testing, other compelling data demonstrating the promise of the intervention to produce the desired outcome</u>".

**General Comments for Consideration:**

- There certainly can be no objection to requiring submission of the feasibility studies the investors used in their decision-making process, but it should be noted that if there are no investors willing to put their money at risk, there will be no discussion of a PFS project. Hence, the most important evidence of project success, and the most important standard for federal government funding contemplated in this draft bill, is the presence and commitment of private sector for-profit or non-profit investors. Generally, we ask that you consider including in the evidence standard sections of the bill the presence of committed private investors, whether individuals, businesses, or philanthropies, as overriding evidence of prospective project success;

- The provisions establishing the Federal Interagency Council on Social Impact Partnerships (FICSIP) could be interpreted as providing the Council with general PFS policy authority for the entire federal government. This is unnecessary for the legislation's purposes and dangerous for PFS development. If the sections are left in, other agencies will look to FICSIP for guidance on whether to participate in a PFS project, and state agencies' decisions will be shaped by FICSIP policies. If FICSIP over-regulates or its membership becomes controlled by anti-PFS interests, PFS progress will be halted or indefinitely delayed. We recommend language establishing prohibitions that clarify: (a) the responsibility, authority and policy scope of FICSIP is strictly limited to the disbursement of funds provided for under the Act; and, (b) any government agency may determine on its own whether to participate in a PFS project to the extent its enabling statutes permit; and,

- There is a risk that the standards FICSIP requires to obtain funds under the legislation will become the standards applied to PFS projects generally, particularly by state agencies. We recommend language clarifying that the standards imposed by FICSIP for funding under the legislation not be interpreted in ways that prevent philanthropic, private and state agencies on their own to engage in a PFS project on the basis of the standards they judge to be sufficient.

ReadyNation recognizes the important steps that this legislation would take and commends you for your leadership. We look forward to working with you on this and other initiatives to improve the life-success of young children and families in the future.

Sincerely,

Sara Watson
Director
ReadyNation

SOCIAL FINANCE

**Welfare Reform Proposals: Comments from Social Finance**

July 22, 2015

Mr. Charles Boustany, Chairman
Subcommittee on Human Resources
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Mr. Lloyd Doggett, Ranking Member
Subcommittee on Human Resources
House Ways and Means Committee
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Boustany and Ranking Member Doggett,

Thank you for the opportunity to comment on the Subcommittee's Discussion Draft of welfare reauthorization legislation containing authority for Social Impact Demonstration Projects.

**Social Finance, Inc.** is a 501(c)(3) nonprofit organization dedicated to mobilizing capital to drive social progress. Co-founded in January 2011 by David Blood, Sir Ronald Cohen, and Tracy Palandjian, Social Finance believes that everyone deserves the opportunity to thrive and that impact investing can play a catalytic role in creating these opportunities. Social Finance is committed to designing public-private partnerships that are focused on resolving complex social challenges. Through these partnerships, we aim to direct capital to high-quality interventions to facilitate greater access for vulnerable populations. Core to our mission is the advancement of Pay for Success (PFS) projects in the United States through comprehensive advisory work, transaction development, performance management, and market education. Additionally, Social Finance has two sister organizations, Social Finance United Kingdom and Social Finance Israel, which comprise Social Finance's Global Network.

Social Finance strongly supports the inclusion of the Social Impact Demonstration Project authority (Section 10, subsection 3) in the welfare reform discussion draft released by the House Ways and Means Human Resources Subcommittee this week. This legislation supports the exciting momentum around Pay for Success that we are seeing in the field among state and local governments, nonprofit service providers, and impact investors, and reflects the strong knowledge and support of Pay for Success at the Federal level. Based on our on-the-ground experience in developing Pay for Success projects, we offer the below comments for your consideration. We believe these changes would significantly strengthen the legislation to ensure its effective implementation and to measurably improve the lives of Americans:

**Section B, subsection ii: Required Outcomes for Social Impact Partnership Project**
The current languages states that "a project must produce measurable, clearly defined outcomes that result in social benefit and Federal savings".

We recommend that the language be revised to encourage projects to produce outcomes that result in social benefit and value to the government, rather than requiring savings to the Federal government. The language requiring savings may unintentionally restrict the types of projects and outcomes that are supported and could prevent projects which produce significant value to the government over the long-term. For example, increased educational achievement or

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improvements to veterans' wellbeing have value for the Federal government even if they cannot prove direct impact on a Federal budget line item.

**Section A, subsection iii and Section D, subsection i: Feasibility Study Required and Requests for Funding for Feasibility Studies**
The current language includes requirements for applying for feasibility study funding and the feasibility study for states or local governments.

We recommend that the feasibility study requirements and the application for feasibility study funding requirements for states and local governments include suggested topics to address in the feasibility study without requiring specific level of detail on those topics, to avoid making the requirements so burdensome that states or local governments cannot access this Federal resource. Our experience in developing Pay for Success projects is that the feasibility study is used to identify topics such as potential service providers, preliminary operation plans and potential project intermediaries. Detailed decisions on these topics are more thoroughly addressed in the development stage of the project after all parties are committed to executing a PFS contract. For example, establishing the payment structure or defining payment thresholds cannot be finalized before engaging with investors during the project development stage.

**Section D, subsection iii: Feasibility Study Required - Evidence**
The feasibility study requirements include "rigorous evidence demonstrating that the intervention can be expected to produce the desired outcomes".

We appreciate the requirement for strong evidence for interventions being supported in a Pay for Success project. However, the current language may unintentionally restrict projects which are helping to build the evidence base for a sector or intervention. Instead, the language should allow for other forms of compelling data and the ability to engage in rigorous experimental or quasi-experimental evaluations to build the evidence in the field. The child welfare sector, for example, has very limited interventions with rigorous evidence and Pay for Success could expand highly impactful programs while building the evidence base for the sector. In addition, an intervention may have compelling programmatic data paired with quasi-experimental studies but have not yet had the resources to fund a randomized experiment, which could be funded through a Pay for Success project.

Thank you for the opportunity to comment on the Discussion Draft. Social Finance would be happy to provide clarification of any of the points raised to provide additional information.

Sincerely,

Tracy Palandjian
Chief Executive Officer and Co-Founder, Social Finance US
tpalandjian@socialfinanceus.org | 617-939-9900

| | |
|---|---|
| **From:** | Joneen Mackenzie |
| **To:** | Submissions, Ways and Means |
| **Subject:** | Recommendations to reduce poverty and increase child well-being |
| **Date:** | Monday, July 20, 2015 6:57:32 PM |
| **Attachments:** | CDC STUDY FAMILY STRUCTURE (3) with highlighted conclusion on page 35.pdf<br>POVERTY POWER POINT UPDATE.pptx<br>Recommendations to reduce poverty 3.docx |

---

Dear Ways and Means Committee Leaders,
Let¹s finally get a handle on preventing poverty by preventing non marital childbearing and increasing the number of safe and stable families that children can grow and thrive.

Attached is some compelling data and recommendations.
You may contact me with questions or comments.

Respectfully,
Joneen Mackenzie RN
303 888 1895

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Vital and Health Statistics

Series 10, Number 246

December 2010

# Family Structure and Children's Health in the United States: Findings From the National Health Interview Survey, 2001–2007

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

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Series 10, Number 246

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## Data From the National Health Interview Survey

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
December 2010
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## Abstract

### Objectives

This report presents statistics from the 2001–2007 National Health Interview Survey (NHIS) on selected measures of physical health and limitations, access to or utilization of health care, and behavior or emotional well-being for children under age 18 by family structure, sex, age, race, Hispanic origin, parent's education, family income, poverty status, home tenure status, health insurance coverage, place of residence, and region.

### Source of Data

NHIS is a multistage probability sample survey conducted annually by interviewers of the U.S. Census Bureau for the Centers for Disease Control and Prevention's National Center for Health Statistics, and is representative of the civilian noninstitutionalized population of the United States. Information about one randomly selected child per family is collected in a face-to-face interview with an adult proxy respondent familiar with the child's health.

### Highlights

Children in nuclear families were generally less likely than children in nonnuclear families to be in good, fair, or poor health; to have a basic action disability; to have learning disabilities or attention deficit hyperactivity disorder; to lack health insurance coverage; to have had two or more emergency room visits in the past 12 months; to have receipt of needed prescription medication delayed during the past 12 months due to lack of affordability; to have gone without needed dental care due to cost in the past 12 months; to be poorly behaved; and to have definite or severe emotional or behavioral difficulties during the past 6 months. Children living in single-parent families had higher prevalence rates than children in nuclear families for the various health conditions and indicators examined in this report. However, when compared with children living in other nonnuclear families, children in single-parent families generally exhibited similar rates with respect to child health, access to care, and emotional or behavioral difficulties.



**Keywords**: health and limitations • access to care • emotional or behavioral difficulties


# Family Structure and Children's Health in the United States: Findings From the National Health Interview Survey, 2001–2007


*by Debra L. Blackwell, Ph.D., Division of Health Interview Statistics*


## Introduction

As divorce rates remain high and cohabitation becomes more commonplace, an increasing number of U.S. children will spend a larger proportion of their lives in a nontraditional family. The proportion of U.S. children likely to live part of their childhood in a married stepfamily increased from about one-seventh in the early 1970s to one-quarter in the early 1980s; if unmarried stepfamilies are also included, the proportions would be higher (1). In 1990, 3.5% of U.S. children lived with a parent and his or her cohabiting partner (2), while in 2002, 6% lived with a cohabiting parent and partner (3). Graefe and Lichter estimated that about one of four children will live in a family headed by a cohabiting couple at some point during their childhood (4). Using different data, Bumpass and Lu concluded that 40% of children would live in a cohabiting couple family during childhood (5). Additionally, the U.S. Census Bureau estimated that in 2004, 10 million children under age 18, or 14% of all children, were living in households consisting of a biological or adoptive parent and another unrelated adult (6), while the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) reported that 35.8% of all births in 2004 were to unmarried women (7).

In view of the changing family structure distribution, new categories of families such as unmarried families or unmarried stepfamilies need to be studied so that the health characteristics of children in nontraditional families can be identified (1,8,9). Previous researchers have reported that children living in nontraditional families are disadvantaged financially, and are more likely to experience deleterious outcomes with respect to school (e.g., higher drop-out rates, poorer academic performance), behavior (e.g., delinquency, promiscuity), and mental health (9–17). A small number of published studies have found that children in two-parent families are more advantaged than children in other types of families with respect to health status or access to health care (18–21). However, these analyses were based on


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survey data that did not collect information on cohabitation and parent-child relationships (e.g., biological, step, etc.), making the identification of nontraditional family types impossible.

The National Health Interview Survey (NHIS), a multi-purpose health survey conducted by NCHS, initiated an important step in identifying nontraditional families with the implementation of a new household rostering system and marital status variables in 1997. Detailed family structure variables distinguished between married parent families (with biological or adoptive children), unmarried parent families (with biological or adoptive children), parent-stepparent families (with children), and parent-cohabiting partner families (with children). Thus, NHIS data provide an opportunity to investigate the association of family structure with the health status and characteristics of U.S. children.

This report presents national prevalence estimates for selected health status and access to health care indicators among children by type of family structure. Because the association between children's health and family structure is likely to be modified by personal (e.g., sex, age, race/ethnicity), social (parental education), and economic (e.g., family income, poverty status, home tenure status, and health insurance coverage) characteristics, these factors are also controlled for in the report's detailed tables.

The family structure indicator used in this report consists of seven mutually exclusive categories that take into account parental marital status as well as the type of relationship between children aged 0–17 and any parents present in the family. Because NHIS defines children as family members who are aged 0–17 and adults as family members who are aged 18 and over, adult children (those aged 18 and over) are considered related adults regardless of their relationship (biological, adoptive, step, or foster) to their parents.

- A *nuclear family* consists of one or more children living with two parents who are married to one another and are each biological or adoptive parents to all children in the family.
- A *single-parent family* consists of one or more children living with a single adult (male or female, related or unrelated to the child or children).
- An *unmarried biological or adoptive family* consists of one or more children living with two parents who are not married to one another and are each biological or adoptive parents to all children in the family.
- A *blended family* consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another.
- A *cohabiting family* consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another.
- An *extended family* consists of one or more children living with at least one biological or adoptive parent and a related adult who is not a parent (e.g., a grandparent). Any of the previously described family types that contained an adult child are categorized as an extended family.
- An *"other" family* consists of one or more children living with related or unrelated adults who are not biological or adoptive parents. Children being raised by their grandparents are included in this category, as are foster children living with at least two adults.

# Data Source

Data from the 2001–2007 NHIS are pooled to provide national estimates for a broad range of health status indicators and measures of access to health care by family structure for the U.S. civilian noninstitutionalized population of children under age 18. Pooled analyses are typically done to increase sample sizes for small populations (e.g., unmarried biological or adoptive and cohabiting families). Weighted estimates from such an analysis can be interpreted as either an estimate for the midpoint of the study period or as an "average" across the study period (22). Data from the 2001–2007 NHIS were selected for this analysis because the 2000 NHIS does not contain complete family structure information, and the 2008 NHIS was not available at the time these analyses were conducted. The family structure indicator used for this report is obtained from the 2001–2007 in-house Person or Family data files; a public-use version is also available but it combines all unmarried biological or adoptive families and cohabiting families into a single category. Most health estimates are derived from the 2001–2007 public-use Sample Child data files of the annual NHIS Basic Module; the remaining health estimates are derived from the 2001–2007 public-use Person data files. These estimates, which users can replicate with NHIS public-use data, are shown in Tables 1–66 for various subgroups of the population, including those defined by sex, age, race and Hispanic origin, parent's education, family income, poverty status, home tenure status, health insurance coverage, place of residence, and region. Appendix I contains brief technical notes and Appendix II contains definitions of terms used in this report.

NHIS has been an important source of information about health and health care in the United States since it was first conducted in 1957. Its main objective is to monitor the health of the civilian noninstitutionalized U.S. population through the collection and analysis of data on a broad range of health topics. Persons in long-term care institutions (e.g., nursing homes; hospitals for the chronically ill, disabled, or mentally handicapped; wards for abused or neglected children), correctional facilities (e.g., prisons or jails, juvenile detention centers, halfway houses), active duty Armed Forces personnel (although their civilian family members are included), and U.S. nationals living in foreign countries are excluded from the sampling frame. More information on sample design can be found in "Design and Estimation for the National Health Interview Survey, 1995–2004" (23).

The NHIS questionnaire, called the Basic Module or Core, is repeated annually and consists of three main components: the Family Core, the Sample Child Core, and the Sample Adult Core (the latter is not used for this report). The Family Core collects information about all family members regarding household composition and sociodemographic characteristics, along with basic indicators of health status, activity limitations, and utilization of health care services. All members of the household aged 17 and over who are at home at the time of the interview are invited to participate and respond for themselves. For children and adults not at home during the interview, information is provided by a knowledgeable adult family member aged 18 and over residing in the household. Although considerable effort is made to ensure accurate reporting, the information from both proxies and self-respondents may be inaccurate because the respondent is unaware of relevant information, has forgotten it, does not wish to reveal it to an interviewer, or does not understand the intended meaning of the question. Note that NHIS does not obtain independent evaluations directly from doctors or other health care professionals.

The Sample Child Core obtains additional information on the health of one randomly selected child aged 0–17 in the family; a knowledgeable adult in the family (usually a parent) provides proxy responses for the sample child. The Sample Child Core is the primary data source for this report, while information regarding demographic characteristics is derived from the Family Core.

The interviewed sample for the 2001–2007 NHIS consisted of a total of 244,572 households, which yielded 630,884 persons in 249,570 families. There were 90,566 children aged 0–17 who were eligible for the Sample Child questionnaire. Data were collected for 82,553 children, a conditional response rate of 91.1%. The average final response rate for the Sample Child component during 2001–2007 was 79.3% (24–30). However, detailed family structure information was not available in the first and second quarters of 2004, so these sample child cases were omitted, and case weights for the sample child observations in the third and fourth quarters of 2004 were doubled to obtain an appropriate estimate of the U.S. child population for 2004. This adjustment yields a total of 83,849 observations for analysis. This sample results in a weighted, annualized estimate of 73.2 million children in the United States during 2001–2007.

## Limitations of the Data

NHIS obtains information from respondents via an in-person interviewing process, with a typical interview averaging about 1 hour. No clinical measurements are taken. As a result, all NHIS data are based on subjective reports obtained from respondents who stated that they were knowledgeable about all family members' health status, access to medical care, and personal information. The NHIS interviewer has no way of verifying whether these family respondents are, in fact, knowledgeable. In addition, respondents may experience recall problems or have different cultural definitions of illness, either of which could result in inaccurate responses. Furthermore, as with all surveys, respondents may simply underreport characteristics or conditions that they consider undesirable. It is thus likely that some of the prevalence estimates presented in this report are conservative.

Despite the fact that multiple years of data were used for this analysis, cell counts in some of the more detailed cross-classification tables are small, particularly when a "rare" family structure is crossed with a "rare" health condition. The resulting percentages have relatively large standard errors that make the detection of statistically significant relationships difficult; some relationships between family structure and child health may thus go undetected as a result. Percentages with a relative standard error greater than 30% are identified by an asterisk in all tables; readers should use caution when attempting to interpret these statistics. For this reason, percentages indicated by an asterisk in the tables are not discussed in the text or shown in any figures in this report. In addition, frequencies may also be underestimates due to item nonresponse and unknowns, both of which are excluded from the tables. See Appendix I for more information about the number of unknowns with respect to each health characteristic.

NHIS is a cross-sectional survey that does not obtain retrospective information from adult respondents regarding their marital histories or living arrangements. The family structure indicator used in this report cannot account for children's transitions into and out of different families, nor can it be used to estimate health outcomes for children who have ever lived in a particular type of family (e.g., cohabiting or single-parent families). Thus, we cannot distinguish between family structure *per se* and family instability, that is, repeated transitions into and out of different family types (15). Family structure, as measured in this report, is the type of family in which the sample child was living at the time of interview. Consequently, the tables in this report can only be used to understand the extent to which selected child health outcomes and family structure vary together; causality or directionality in the family structure and child health relationship cannot be determined from NHIS data. Lastly, while the tables show estimates by various age groups, the prevalence estimates presented in the tables are not age-adjusted.

# Methods

## Estimation Procedures

Estimates presented in this report were weighted to provide national health estimates; the record weight of the sample child was used to generate all estimates. These weights were calibrated by NCHS staff to produce numbers consistent with the population estimates of the United States by age, sex, and race/ethnicity, and are based on population projections from the U.S. Census Bureau for noninstitutionalized civilians. Because 7 years of NHIS data were utilized, each weight was divided by seven before analyzing the data, in

order to annualize the resulting estimates.

The weights from the 2001 and 2002 NHIS were based on projections from the 1990 census, while the weights from the 2003–2007 NHIS were based on projections from the 2000 census. Prior to the release of the 2003 data, NCHS staff compared estimates for a number of health characteristics using the 1990 census-based weights and the 2000 census-based weights and found that health estimates were extremely consistent regardless of the weighting schema used (26). Thus, the change in the census-based population controls used to create the 2003–2007 NHIS case weights should have little impact on data analyses that utilize the combined 2001–2007 data.

For each health measure, weighted frequencies and weighted percentages are shown for all children according to their family structure. Estimates are further disaggregated by various sociodemographic characteristics, such as sex, age, race and Hispanic origin, parent's education, family income, poverty status, home tenure status, health insurance coverage, place of residence, and region. All counts are expressed in thousands. Counts for children of unknown status with respect to family structure and each health characteristic of interest are not shown separately in the tables, nor are they included in the calculation of percentages, in order to make the presentation of the data more straightforward. In most instances, the percentage unknown is small (typically less than 1%).

Additionally, some of the sociodemographic variables that are used to delineate various subgroups of the population have unknown values. Again, for most of these variables, the percentage unknown is small. Health estimates for children with these unknown sociodemographic characteristics are not shown in the tables. Readers should refer to Appendix I for more information on the quantities of cases with unknown or missing values. The 2001–2007 NHIS Imputed Family Income/Personal Earnings Files were used to minimize the exclusion of cases with incomplete information regarding family income and poverty status.

## Variance Estimation and Significance Testing

NHIS data are based on a sample of the population and are therefore subject to sampling error. Standard errors are reported to indicate the reliability of the estimates. Estimates and standard errors were calculated using SUDAAN software that takes into account the complex sampling design of NHIS. The Taylor series linearization method was used for variance estimation in SUDAAN (31).

Standard errors are shown for all percentages in the tables but not for the frequencies. Estimates with relative standard errors of greater than 30% are considered unreliable and are indicated with an asterisk. The statistical significance of differences between point estimates was evaluated using two-sided *t* tests at the 0.05 level and assuming independence. Terms such as "greater than," "less than," "more likely," "less likely," "increased," "decreased," "compared with," or "opposed to" indicate a statistically significant difference between estimates, whereas "similar," "no difference," or "comparable" indicate that the estimates are not statistically different. A lack of commentary about any two estimates should not be interpreted to mean that a *t* test was performed and the difference found to be not significant. These statistical tests did not take multiple comparisons into account.

# Measurement of Family Structure

NHIS is a cross-sectional, household-based survey that obtains information from its respondents at a specific time. It does not obtain detailed relationship histories from respondents because this would be beyond the scope of the survey. The household composition portion of the survey contains several filter questions at the outset of the interview that ask whether all persons in the household live and eat together or if any of them have another residence where they usually live. Persons who do not routinely live and eat together as well as those who may regularly visit but maintain a residence elsewhere are not included in the interview. Individuals drift into and out of cohabiting unions gradually over time (32), so the use of these filter questions may result in more accurate estimates of some nontraditional families. A household roster is then completed and the relationships of all family members to the "family reference person"—typically the person who owns or rents the home—are established. To facilitate completion of the roster, respondents are given a flash card listing 17 possible family relationships; "spouse (husband/wife)" and "unmarried partner" are listed as separate items. Current marital status is obtained for all family members aged 14 and over; respondents self-report whether they are currently married, widowed, divorced, separated, never married, or living with a partner, and they identify which family member is their spouse or partner. Also, for each family member aged 17 and under, several questions ascertain whether one or both parents are present in the household and the nature of the relationship between the parent or parents and child (i.e., biological, adoptive, step, or foster).

Family structure is measured by a variable with seven mutually exclusive categories (see the family structure description in the Introduction) that takes into account parental marital status and the type of relationship (e.g., biological, adoptive, step) between children aged 0–17 and any parents present in the family. Children aged 17 and under who are emancipated minors are excluded from the analysis. A related family member is someone who is connected by ancestry, marriage, or legal adoption to the child or children. In the case of **nuclear** and **unmarried biological or adoptive families**, both parents must be biological or adoptive to all children in the family. **Single-parent families** may consist of one or more children living with a single parent (male or female) who may or may not be biologically related to the child or

children in the family. **Blended families** (i.e., parent and stepparent) are those in which the two adults present are married to one another and at least one child in the family is the biological or adopted child of one adult and the stepchild of the other adult. **Cohabiting families** consist of one or more children residing with a biological (or adoptive) parent and that parent's cohabiting partner who is unrelated to the child or children. Families with one or more children living with at least one biological or adoptive parent and one or more related adults, such as a grandparent or an adult sibling, are referred to as an **extended family**. Note that NHIS defines persons aged 18 and over as adults. As a result, any of the family types described previously with one or more adult children are considered extended families. This will result in smaller counts and percentages of the remaining family types, particularly nuclear families, and to a lesser extent, single-parent families. Lastly, a family with one or more children living with two or more related or unrelated adults (none of whom is a biological or adoptive parent to that child) is considered, for the purposes of this report, as an **"other" family**. Children being raised by their grandparents would be included in this category, as would foster children (as long as a minimum of two adults are present).

# Measurement of Health Outcomes

This report examines children's health in three broad categories: physical health or limitations, access to or utilization of health care, and behavior or emotional well-being. In all instances, a knowledgeable adult (typically a parent) provided information on behalf of all sample children aged 0–17. Note that the second footnote in each table contains the verbatim text of the survey question that was the source of the estimates in the table, along with other pertinent information. Unless otherwise noted, questionnaire items and response categories did not change across the 2001–2007 surveys.

Information regarding good, fair, or poor health status [i.e., less than optimal health (33–37)], and impairments that limited crawling, walking, running, or playing was obtained from separate questions in the Family Core that asked about the child's current (i.e., at the time of the interview) health. Information regarding receipt of special education or Early Intervention Services (EIS) was also obtained from the Family Core, and was based on current as well as previous enrollment. Chronic condition status was based on a series of separate questions in the Sample Child Core that asked whether a doctor or health professional had ever said that the sample child had Down syndrome, muscular dystrophy, cystic fibrosis, sickle cell anemia, autism, diabetes, arthritis, congenital heart disease, or any other heart condition. Likewise, prevalence estimates of ever having asthma, mental retardation, or any developmental delay were obtained from separate questions in the Sample Child Core that asked whether a doctor or other health professional had ever said that the sample child had these conditions. Frequency and percentage estimates of mental retardation and any developmental delay were combined for this analysis.

Information regarding hay fever, allergies (respiratory, skin, or digestive), and ear infections was obtained for sample children of all ages and was based on the 12-month period prior to the interview; information regarding frequent headaches or migraines was also based on the 12-month period prior to the interview, but was obtained only for sample children aged 3–17. Information on vision problems was obtained from a Sample Child Core question that asked whether the sample child had any "trouble seeing." If the child was aged 2 and over, the interviewer added "even when wearing glasses or contact lenses." Prevalence estimates of learning disabilities or attention deficit hyperactivity disorder (ADHD) were derived from separate questions in the Sample Child Core. Respondents were asked whether a representative from a school or a health professional had ever said that the sample child aged 3–17 had a learning disability. Similarly, respondents were asked whether a doctor or health professional had ever said that the sample child aged 3–17 had ADHD or attention deficit disorder (ADD). Frequency and percentage estimates of learning disabilities and ADHD or ADD were combined for this analysis.

Basic action disability (Tables 27–28) is a new summary measure that takes into account four basic domains or functions that a child needs in order to participate in age-appropriate activities (38,39). These domains consist of sensory functions (e.g., hearing, vision), movement (e.g., walking, running, playing), cognitive functioning (e.g., ability to remember, learning disabilities, mental retardation, Down syndrome, autism), and emotional or behavioral functions (ADHD, emotional, or behavioral difficulties). Accordingly, children aged 4–17 were considered to have a basic action disability if they had any one of the following: a lot of trouble hearing or deafness; trouble seeing; limitations in their ability to crawl, walk, run, or play; difficulty remembering; mental retardation; Down syndrome; autism; a learning disability; ADHD; or definite or severe emotional or behavioral difficulties [from the Strengths and Difficulties Questionnaire (SDQ)]. Information regarding difficulty remembering came from a Family Core question; all other information was obtained from questions in the Sample Child Core.

Data on the number of school days missed were obtained from a question in the Sample Child Core that asked how many school days the sample child aged 5–17 missed in the past 12 months due to illness or injury. (Tables in this report utilize a cut-point of six or more days.) Information regarding use of prescription medications was based on a question in the Sample Child Core that asked whether the sample child aged 0–17 had a problem for which he or she had regularly taken prescription medication for at least 3 months.

Information regarding health care insurance coverage was obtained from various questions in the Family Core about type of coverage at the time of interview. Information about having a usual place of health care was obtained

from a question in the Sample Child Core that asked whether there was a place (e.g., doctor's office, health clinic, etc.) that the sample child "usually" went when he or she was sick or the parent or guardian needed advice about the child's health. Information regarding emergency room (ER) visits was obtained from a Sample Child Core question that asked the number of times during the past 12 months that the sample child had gone to a hospital ER about his or her health, including those times that resulted in a hospital admission. In addition, information regarding receipt of medical checkups was obtained from another question in the Sample Child Core that asked whether the sample child had received a "well-child check-up—that is, a general check-up when he or she was not sick or injured" during the past 12 months. Note that children under age 1 are not included in the tables showing medical checkups. The Sample Child Core also obtained information regarding the child's contacts with "an optometrist, ophthalmologist, or eye doctor (someone who prescribes glasses)" during the past 12 months.

NHIS contains several questions that obtain information regarding delaying medical care during the past 12 months due to cost or affordability concerns. Having medical care delayed due to concerns over cost was obtained from a question in the Family Core; all children aged 0–17 are shown in the resulting tables. In addition, the Sample Child Core included questions that asked whether the child "needed prescription medication but didn't get it because [the family] couldn't afford it" and whether the child "needed eyeglasses but didn't get them because [the family] couldn't afford it." These questions were asked of sample children aged 2–17.

Information regarding dental care was obtained from separate questions in the Sample Child Core that asked when the sample child had last visited any kind of dentist (including orthodontists, oral surgeons, or other dental specialists), and whether the sample child had needed dental care (including checkups) during the past 12 months but had not received it due to concerns over cost. Note that only children aged 2–17 were included in the dental care tables. Information regarding behavior and emotional well-being was obtained from several questions from the SDQ that were included in the Sample Child Cores in 2001–2007. The SDQ is a behavioral screening questionnaire for children aged 4–17 that includes questions on both positive and negative behaviors as well as follow-up questions about the impact of these behaviors on the child and his or her family (40).

Data presented in this report are based only on those questions included in all 7 years of the 2001–2007 Sample Child Cores. Five behavior questions were asked of sample children aged 4–17 and were based on the 6-month period prior to the interview. Response categories for the five questions included "Not true," "Somewhat true," and "Certainly true" (as well as "Refused" or "Don't know"). The tables in this report include those cases where it was "certainly true" that the sample child was often unhappy, depressed, or tearful; "not true" that the sample child was generally well-behaved and usually did what adults requested; "certainly true" that the sample child had many worries or often seemed worried; "not true" that the sample child had a good attention span and saw chores or homework through to the end; and "certainly true" that the sample child got along better with adults than with other (age-appropriate) children.

The final SDQ question asked whether, "overall," the sample child had difficulties with emotions, concentration, behavior, or being able to get along with other people. Response categories included "No," "Yes, minor difficulties," "Yes, definite difficulties," "Yes, severe difficulties," "Refused," or "Don't know." Tables 63–64 show children with definite or severe emotional or behavioral difficulties. Tables 65–66 are based on two questions in the Sample Child Core that asked, "During the past 12 months, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker about [child's name]'s health?" and, for sample children who had seen or talked with a general doctor or pediatrician during the past 12 months, "Did you see or talk with this general doctor because of an emotional or behavioral problem that [child's name] may have?" Only children with definite or severe emotional or behavioral difficulties are included in these tables.

# Further Information

Readers interested in NHIS data can obtain the latest information about NHIS by periodically checking the NCHS website: http://www.cdc.gov/nchs/nhis.htm. The website features downloadable public-use data and documentation for recent surveys, as well as important information about any modifications or updates to the data or documentation. Readers wishing access to in-house NHIS data should contact the NCHS Research Data Center via http://www.cdc.gov/rdc/.

Researchers may also wish to join the NHIS electronic mailing list. To do so, visit http://www.cdc.gov/subscribe.html. Fill in the appropriate information and click the "National Health Interview Survey (NHIS) researchers" box, followed by the "Subscribe" button at the bottom of the page. The list consists of approximately 3,000 persons worldwide who receive e-mail about NHIS surveys (e.g., new releases of data or modifications to existing data), publications, and conferences.

# Selected Results

This section includes selected graphs and a discussion of results based on the estimates shown in Figures 1–28 and Tables 1–66. Results are shown for three broad categories: physical health or limitations, access to or utilization of health care, and behavior or emotional well-being.

In addition, the results presented below utilize the following shorthand terms in describing mutually exclusive family types (see Appendix II):

- A *nuclear family* consists of one or

more children living with two parents who are married to one another and are each biological or adoptive parents to all children in the family.

- A *single-parent family* consists of one or more children living with a single adult (male or female, related or unrelated to the child or children).
- An *unmarried biological or adoptive family* consists of one or more children living with two parents who are not married to one another and are each biological or adoptive parents to all children in the family.
- A *blended family* consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another.
- A *cohabiting family* consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another.
- An *extended family* consists of one or more children living with at least one biological or adoptive parent and a related adult who is not a parent (e.g., grandparent, adult sibling). Any of the previously described family types that contained an adult child are categorized as an extended family. As a result, counts and percentages of the remaining family types—in particular, nuclear families and single-parent families—will be smaller.
- An *"other" family* consists of one or more children living with related or unrelated adults who are not biological or adoptive parents. Children being raised by their grandparents are included in this category, as well as foster children.

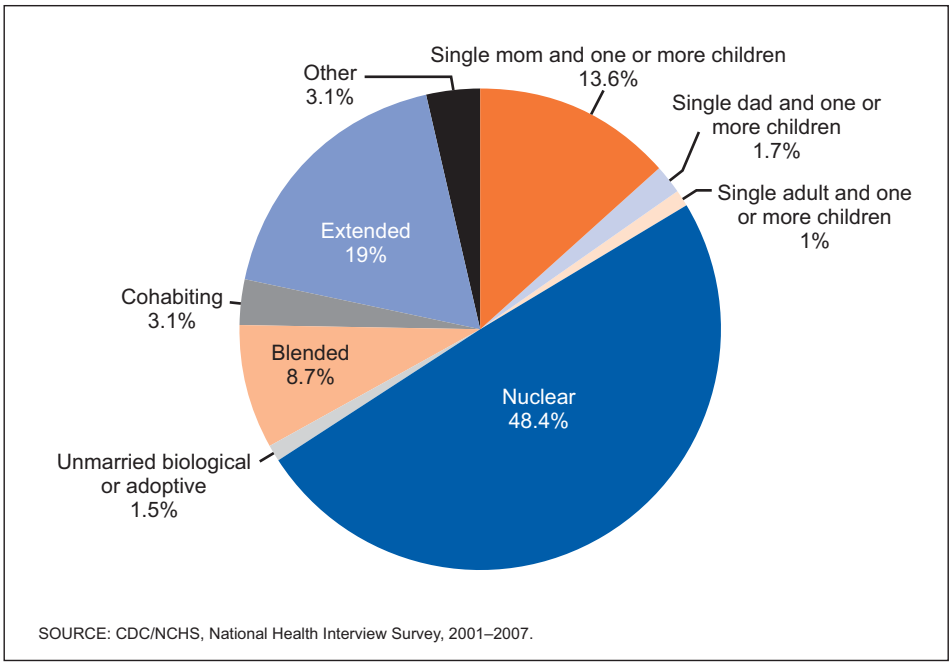



**Figure 1. Percent distribution of family structure for children under age 18: United States, 2001–2007**

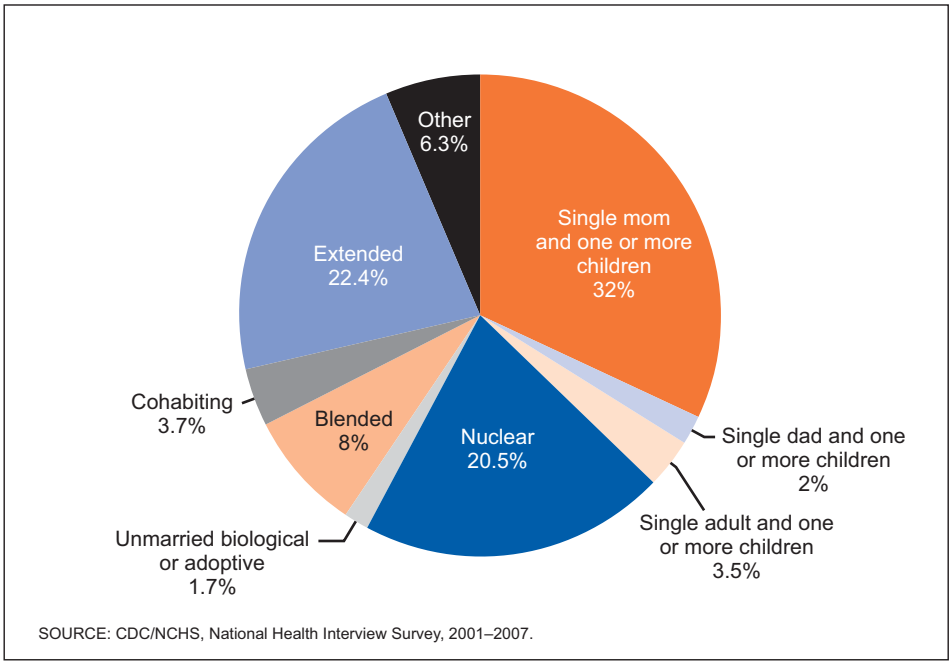



**Figure 2. Percent distribution of family structure for non-Hispanic black children under age 18: United States, 2001–2007**

## Family Structure Characteristics

The percent distribution of family structure for U.S. children in 2001–2007 is shown in Figure 1. These percentages can be interpreted as either an estimate for the midpoint of the study period or as an "average" across the study period. Note that single-parent families are disaggregated into single mother, single father, and single adult (such as an adult sibling, aunt or uncle, or grandparent) in order to facilitate comparisons with previous publications. Roughly 48% of all children were living in a "traditional" nuclear family, and approximately 2% of children lived in an unmarried biological or adoptive family. In other words, one-half of all children lived with two biological or adoptive parents in 2001–2007. In addition, roughly 14% of children lived with a single mother (either biological or adoptive) in 2001–2007, while nearly 2% lived with a single father and 1% lived with a related or unrelated single

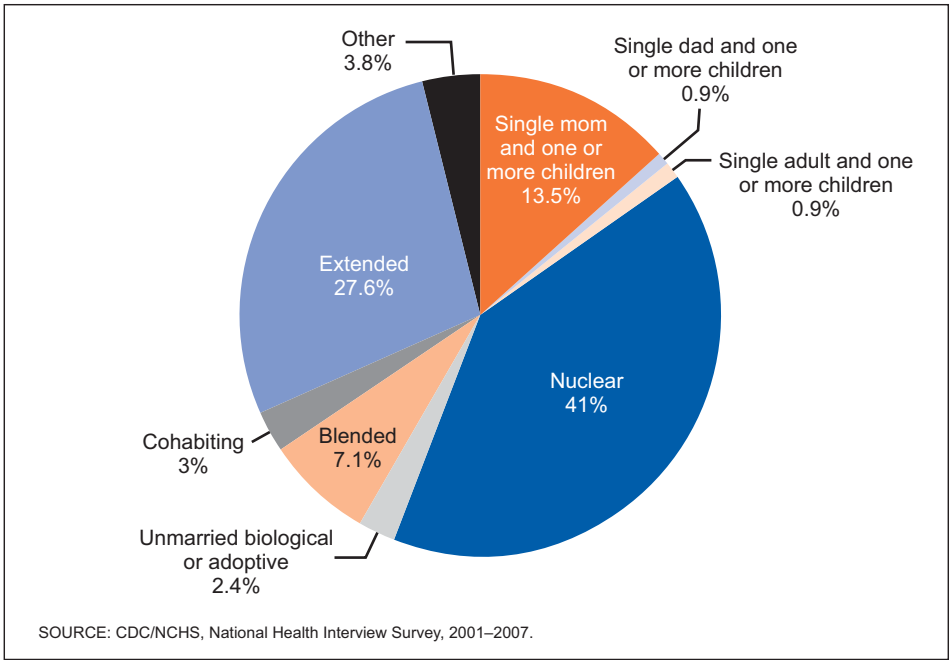



**Figure 3. Percent distribution of family structure for Hispanic children under age 18: United States, 2001–2007**

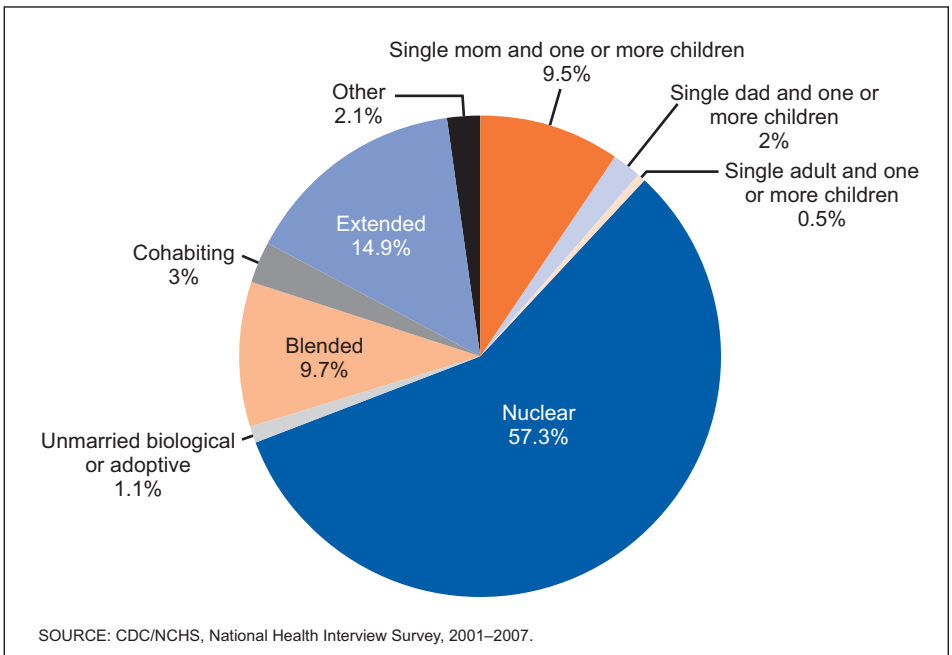
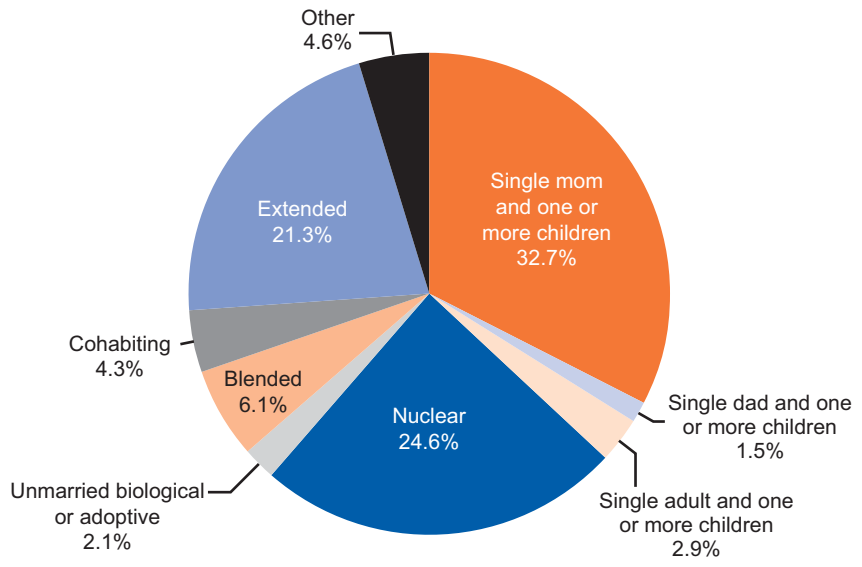



**Figure 4. Percent distribution of family structure for non-Hispanic white children under age 18: United States, 2001–2007**

adult. Approximately 19% of children resided with a biological or adoptive parent and another adult relative (such as an adult sibling or a grandparent) in an extended family in 2001–2007, 9% resided with a biological or adoptive parent and stepparent in a blended family, and 3% lived with a biological or adoptive parent and that parent's cohabiting partner. Lastly, other families consisting of one or more children living with two or more related or unrelated adults who are not biological or adoptive parents made up approximately 3% of the distribution. Only 0.1% of children could not be assigned to a designated category.

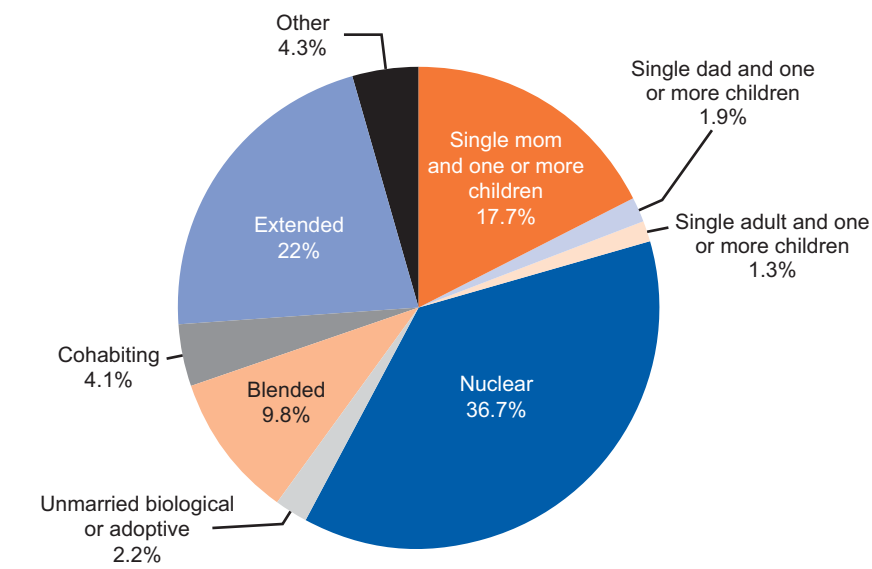
The results in Figure 1 change considerably when the percent distribution of family structure is disaggregated by race/ethnicity or poverty status, the two correlates of family structure mentioned most commonly in the literature (41). Figures 2–4 show percent distributions of family structure for non-Hispanic black, Hispanic, and non-Hispanic white children. Fifty-seven percent of non-Hispanic white children lived in nuclear families, compared with 21% of non-Hispanic black children and 41% of Hispanic children. In contrast, non-Hispanic black and Hispanic children were more likely than non-Hispanic white children to live in single-parent or extended families. For example, 10% of non-Hispanic white children lived with a single mother, compared with 14% of Hispanic children and 32% of non-Hispanic black children. A similar picture emerges if family structure is disaggregated by poverty status (Figures 5–7). Thirty-three percent of poor children (those in families with income below the poverty threshold) lived in single-mother families, compared with 18% of near poor children (those in families with income of 100% to less than 200% of the poverty threshold) and 6% of not poor children (those in families with income 200% of the poverty threshold or greater). Poor children were also much less likely to be living in nuclear families: 25% of poor children lived in nuclear families, while 37% of near poor, and 61% of not poor children lived in nuclear families.

Figure 8 shows the percent distribution of family structure across the 7-year study period. Note that in this figure (and in the remainder of the report), children living with single mothers, single fathers, and single adults are combined into the single-parent category described in the Introduction. While the trend lines appear relatively flat, there are nevertheless measurable changes in the distributions during the study period. For example, the percentage of nuclear families declined




NOTE: "Poor" children are defined as those living in families that are below the poverty threshold.
SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Figure 5. Percent distribution of family structure for poor children under age 18: United States, 2001–2007**




NOTE: "Near poor" children are those living in families with incomes of 100% to less than 200% of the poverty threshold.
SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Figure 6. Percent distribution of family structure for near poor children under age 18: United States, 2001–2007**

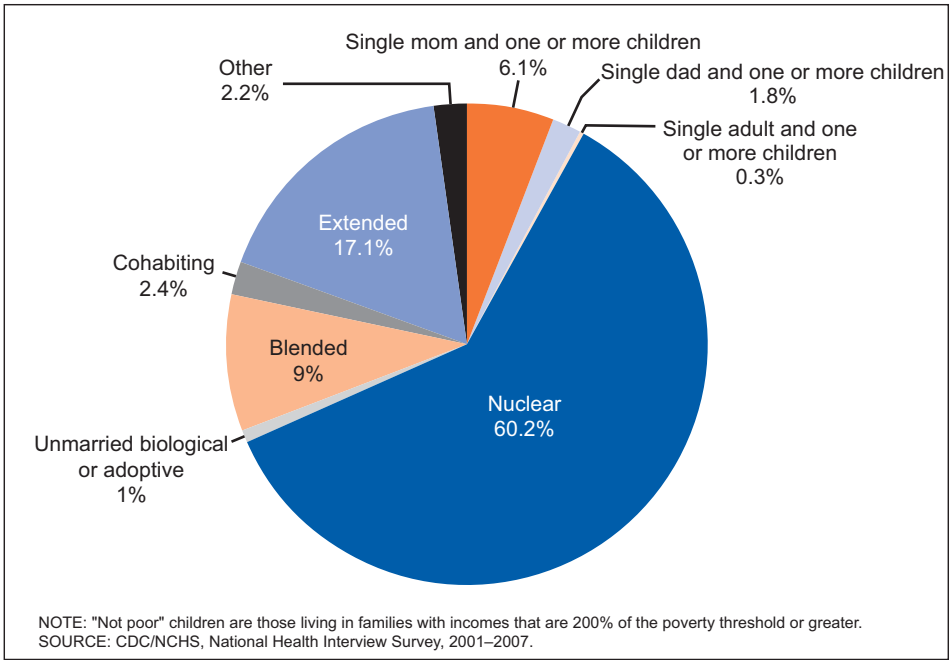
from 49.6% in 2001 to 47.3% in 2007; blended families also declined from 9.8% in 2001 to 8.3% in 2007. On the other hand, the percentage of other families more than doubled during the study period, from 1.7% in 2001 to 3.7% in 2007.

# Measures of Physical Health and Limitations

## Health status and chronic conditions

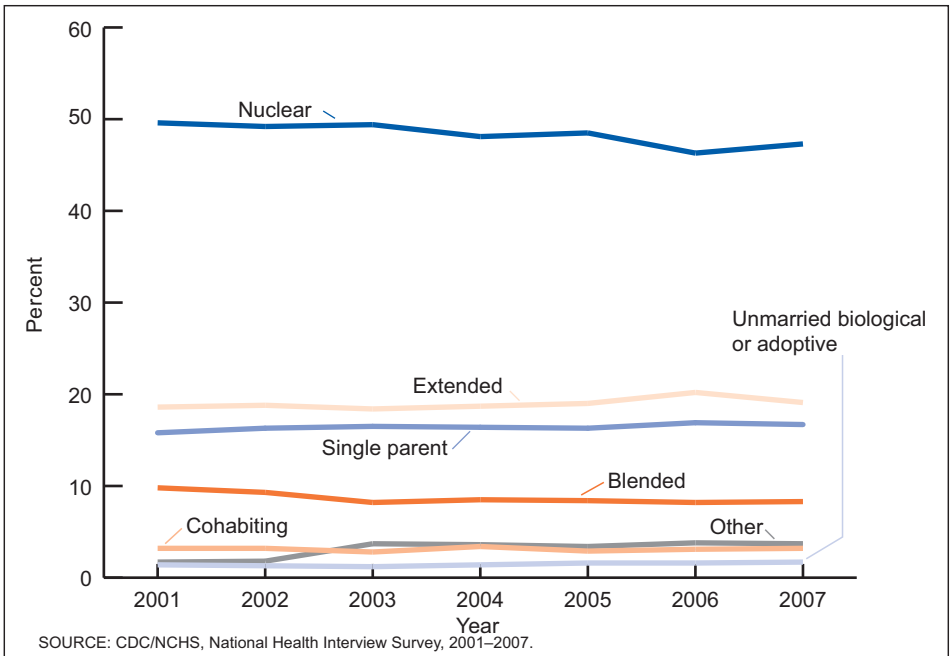
Overall, 12.6 million U.S. children under age 18 (17.2%) were in good, fair, or poor health (Tables 1–2) and 1.8 million U.S. children under age 18 (2.5%) had one or more chronic conditions (Tables 3–4).

- As Figure 9 illustrates, children in nuclear (12%) and blended (17.5%) families were least likely to be in good, fair, or poor health, while children in other families (30%) were most likely to be in good, fair, or poor health. Children in single-parent families (3.2%) were more likely to have one or more chronic conditions than children in nuclear (2.2%), unmarried biological or adoptive (1.9%), or extended (2.4%) families, and were comparable to children living in the remaining family types (Figure 10).
- Nearly 22% of Hispanic children living in nuclear families were in good, fair, or poor health compared with Hispanic children living in single-parent (28.8%), unmarried biological or adoptive (27.8%), extended (30.8%), or other (35.4%) families. Non-Hispanic white children in nuclear families (9.2%) were least likely to be in good, fair, or poor health relative to non-Hispanic white children in the remaining family types. Likewise, non-Hispanic black children in nuclear families (16.7%) were least likely to be in good, fair, or poor health relative to non-Hispanic black children in the remaining family types.
- Among poor families, children in nuclear families (27.1%) were less likely to be in good, fair, or poor health than children in extended (36.4%) or other (40.4%) families. Among near poor families, 19.2% of children in nuclear families were in good, fair, or poor health compared with 22.5% of children in single-parent families, 23.3% in blended families, 26.4% in extended families, and 32.9% in other families. Among not poor families, children in nuclear families (8.5%) were least likely to be in good, fair, or poor health. Children living in not poor single-parent families (3.3%) were more likely to have one or more chronic conditions than




NOTE: "Not poor" children are those living in families with incomes that are 200% of the poverty threshold or greater.
SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Figure 7. Percent distribution of family structure for not poor children under age 18: United States, 2001–2007**




SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Figure 8. Percent distribution of family structure across the study period for children under age 18: United States, 2001–2007**

children in not poor nuclear (2.3%) or extended (2.2%) families. Family structure was unrelated to the prevalence of chronic conditions among children living in poor or near poor families.

- Family structure was unrelated to the prevalence of chronic conditions among children whose more highly educated parent was either a high school dropout or a high school graduate or equivalent. However, when at least one parent had more than a high school diploma, children in nuclear families (2.3%) were less likely than children in single-parent (3.6%) or cohabiting (4.3%) families to have one or more chronic conditions.
- Among children with private health insurance, those living in nuclear families (9%) were least likely to be in good, fair, or poor health. Among children with Medicaid, those living in extended (32.5%) and other (35.3%) families were most likely to be in good, fair, or poor health.

## Asthma, hay fever, and allergies

In the past 12 months, 9 million U.S. children under age 18 (12.7%) had ever had asthma, 7.2 million children (9.9%) had hay fever, 8.4 million U.S. children (11.6%) had respiratory allergies, and 8.8 million children (12%) had digestive or skin allergies (Tables 5–12).

- Children living with biological or adoptive parents—either in nuclear families or unmarried biological or adoptive families—were less likely to have ever suffered from asthma than children in the remaining family types (Figure 11).
- Children in single-parent families were more likely than children in nuclear families to have asthma regardless of their gender, race/ethnicity, parent's education, family's poverty status, place of residence, or region.
- Among children with private health insurance, those living in nuclear families (10.4%) were less likely to have asthma than children in single-parent (15.3%), unmarried biological or adoptive (15.5%), blended (13.7%), extended (13.9%), or other (18.7%) families. Among children with Medicaid, those living in nuclear (11.4%) and unmarried biological or adoptive (9.3%) families were less likely to have asthma than children in single-parent (20%), blended (15.3%), cohabiting (16.5%), extended (16.4%), or other (17%) families.
- Children living in unmarried biological or adoptive families (5.8%) were least likely to have hay fever in the past 12 months (Figure 12). Children in unmarried

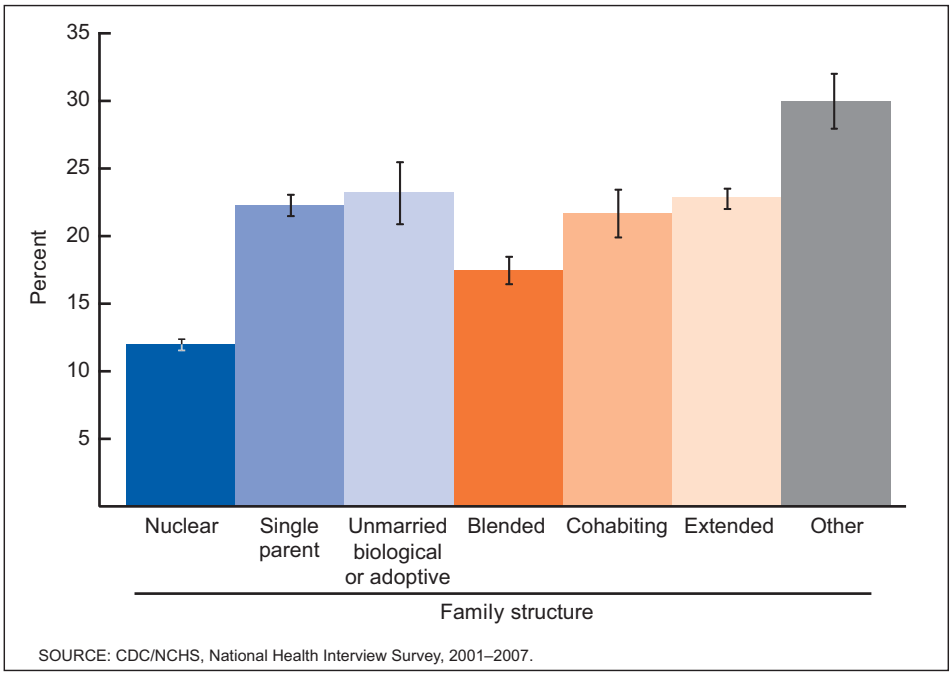



**Figure 9. Percentages of children under age 18 in good, fair, or poor health, by family structure: United States, 2001–2007**

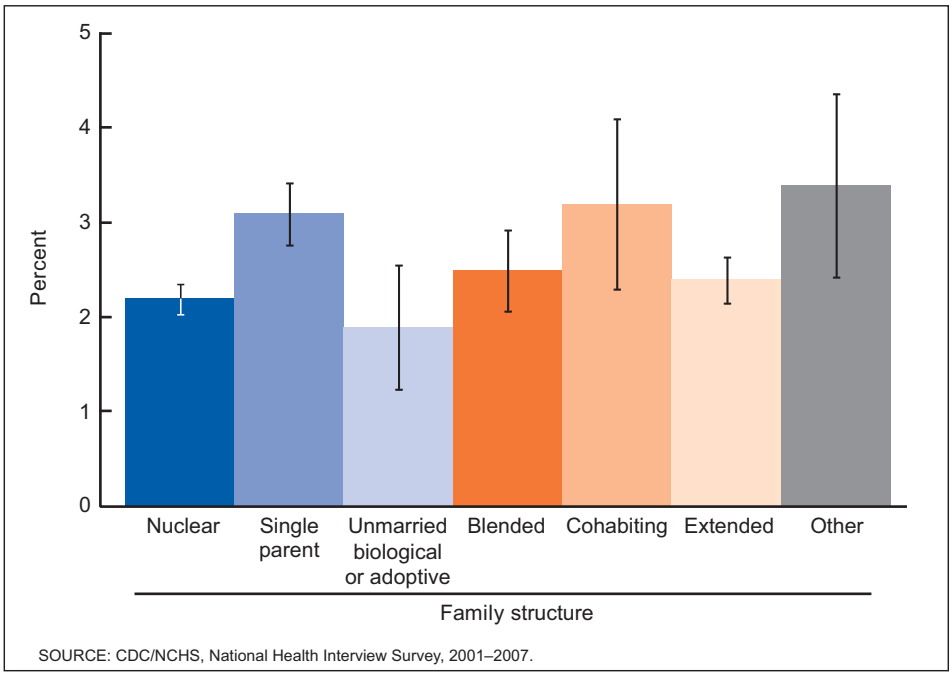



**Figure 10. Percentages of children under age 18 with one or more selected chronic conditions, by family structure: United States, 2001–2007**

biological or adoptive families (8.4%) were also less likely to have respiratory allergies in the past 12 months than children in nuclear (11.3%), single-parent (12.8%), blended (12%), extended (11.2%), or other (12.8%) families, and were comparable to children in cohabiting families (Figure 13).

- Among Hispanic children, those in unmarried biological or adoptive families (5.6%) were less likely than children in single-parent (8.2%) or blended (8.8%) families to have hay fever. Among non-Hispanic white children, those in unmarried biological or adoptive families (7.2%) were less likely than children in nuclear (11.2%), single-parent (12%), blended (10.9%), extended (12.2%), or other (11.4%) families to have hay fever. Family structure was unrelated to the prevalence of hay fever among non-Hispanic black children.
- Family structure was unrelated to the prevalence of hay fever among children whose more highly educated parent was a high school dropout. When at least one parent was either a high school graduate or had more than a high school diploma, children in unmarried biological or adoptive families were less likely to have hay fever than children in nuclear, single-parent, blended, or extended families.
- Among near poor families, children living in cohabiting families (5.4%) were less likely to have hay fever than children living in single-parent (9.2%), blended (8.7%), or other (10.4%) families. Among not poor families, children living in unmarried biological or adoptive families (5.8%) were least likely to have hay fever. Children living in unmarried biological or adoptive families that owned or were buying their homes were also least likely to have hay fever (6.3%). Among families that rented their homes, children in unmarried biological or adoptive families (5.7%) were less likely than children in single-parent (8.3%), blended (8.1%), or other (9.7%) families to have hay fever.
- Family structure was unrelated to the prevalence of respiratory allergies among Hispanic children. Non-Hispanic white children in unmarried biological or adoptive families (9%) were less likely to have respiratory allergies in the past 12 months than non-Hispanic white children in nuclear (12.2%), single-parent (15.5%), blended (13.4%), extended (14.1%), or other (15.3%) families. Among non-Hispanic black children, those in cohabiting families (7.7%) were less likely to have respiratory allergies than children in single-parent families (11.1%).

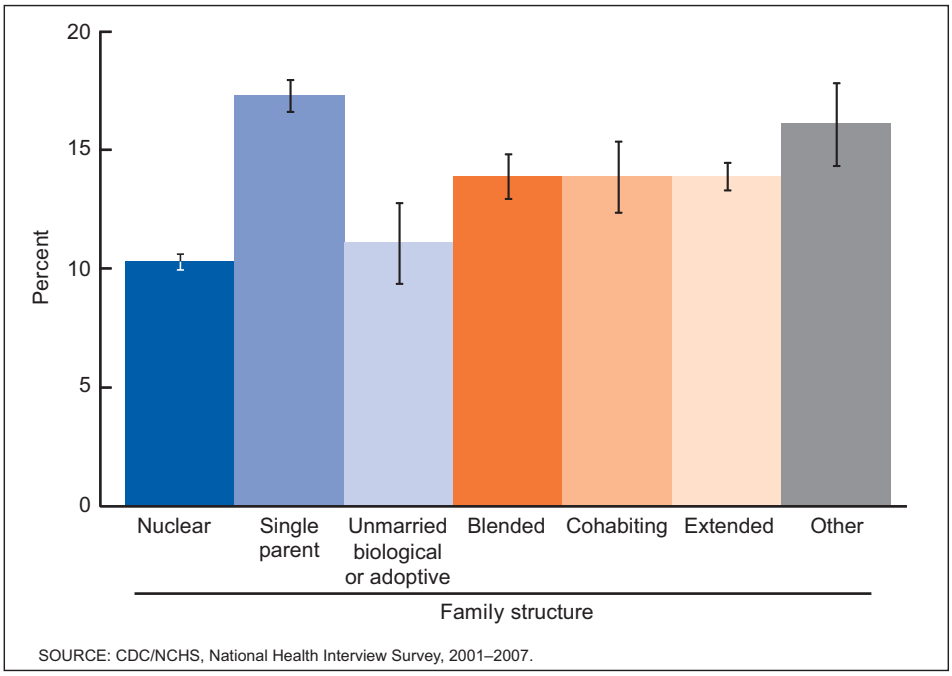



**Figure 11. Percentages of children under age 18 who ever had asthma, by family structure: United States, 2001–2007**

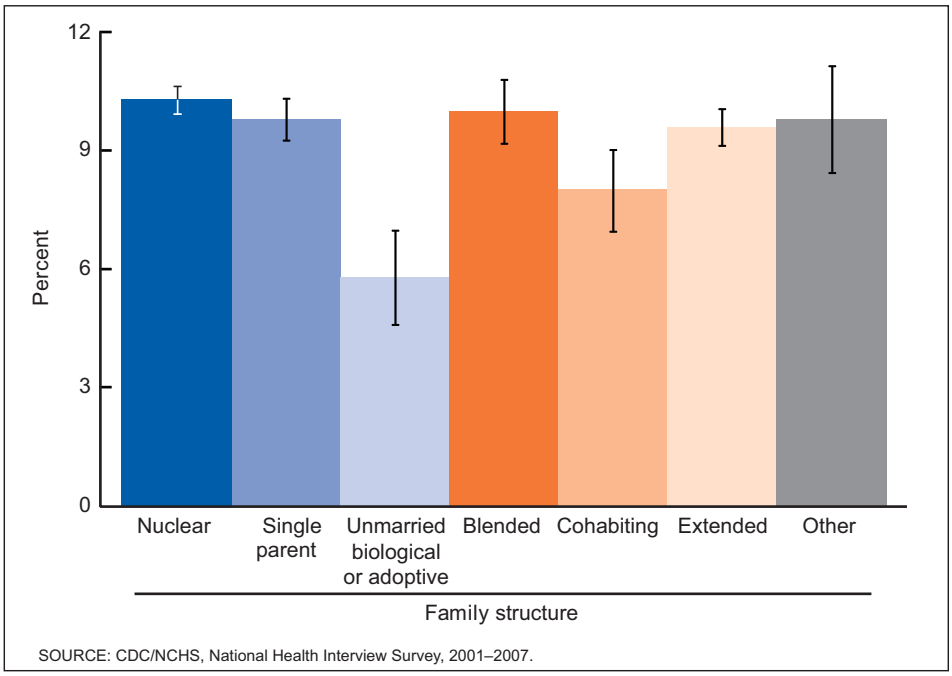



**Figure 12. Percentages of children under age 18 who had hay fever in the past 12 months, by family structure: United States, 2001–2007**

- When the more highly educated parent was a high school dropout, children in nuclear families (7.2%) were less likely to have respiratory allergies in the past 12 months than children in single-parent families (9.1%). When at least one parent was a high school graduate, children in unmarried biological or adoptive families (7.1%) were less likely to have respiratory allergies than children in single-parent (11.2%) or extended (10.1%) families. When at least one parent had more than a high school diploma, children in unmarried biological or adoptive families (10.8%) were less likely than children in single-parent (15.3%) or other (20%) families to have respiratory allergies.
- Among poor families, children in nuclear families (9.2%) were less likely to have respiratory allergies than children in single-parent families (11.8%). Among near poor families, children in unmarried biological or adoptive families (6.9%) were less likely to have respiratory allergies than children living in single-parent (12.9%), blended (10.6%), or other (13%) families. Among not poor families, children in unmarried biological or adoptive families (8.6%) were less likely to have respiratory allergies than children in the remaining family types, with the exception of other families.
- Among children living in large metropolitan statistical areas (MSAs), children in unmarried biological or adoptive families (5.4%) were least likely to have respiratory allergies. Among children living in small MSAs, children in unmarried biological or adoptive families (10%) were less likely to have respiratory allergies than children in single-parent families (14.1%). Family structure was unrelated to the prevalence of respiratory allergies among children who did not live in an MSA.
- Children in single-parent families (13.1%) were more likely to have digestive or skin allergies in the past 12 months than children in nuclear (11.8%) or extended (11.4%) families, and were comparable to children living in the remaining family types.
- Hispanic children living in single-parent families (10.4%) were more likely than Hispanic children in nuclear (8.7%) or extended (8.2%) families to have digestive or skin allergies. Family structure was unrelated to the prevalence of digestive or skin allergies among non-Hispanic children.
- Among poor families, children living in unmarried biological or adoptive families (6.2%) were less likely than children in single-parent

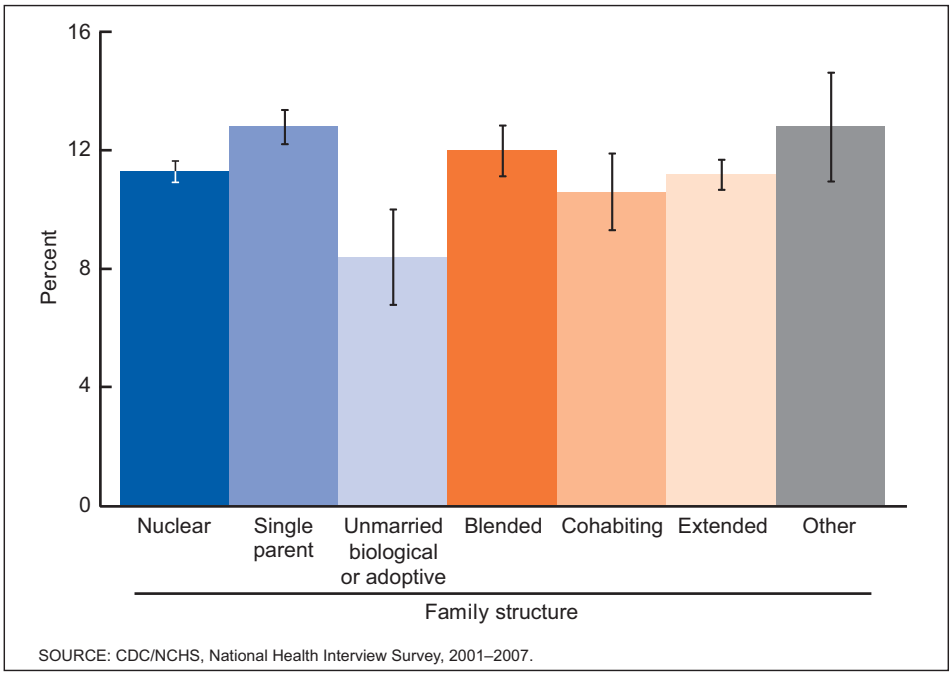



**Figure 13. Percentages of children under age 18 who had respiratory allergies in the past 12 months, by family structure: United States, 2001–2007**

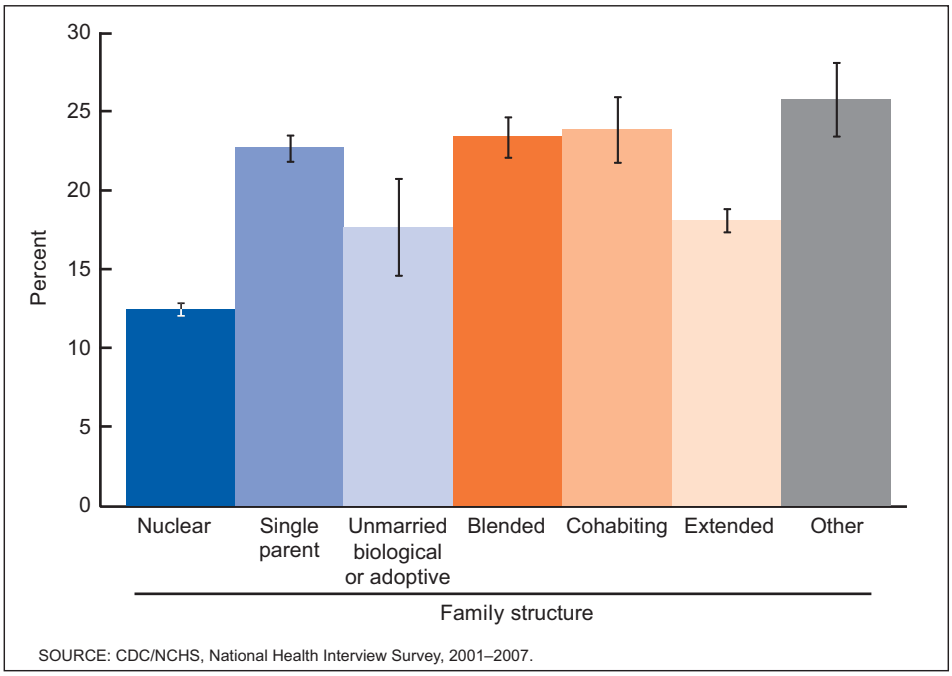



**Figure 14. Percentages of children aged 4–17 who had a basic action disability, by family structure: United States, 2001–2007**

(13.2%), blended (12%), extended (11%), or other (11.1%) families to have digestive or skin allergies. Family structure was unrelated to the prevalence of digestive or skin allergies among children living in near poor or not poor families.

## Headaches or migraines and ear infections

Overall, nearly 3.7 million U.S. children aged 3–17 (6%) had frequent headaches or migraines in the past 12 months, while 4.2 million U.S. children under age 18 (5.8%) had three or more ear infections the past 12 months (Tables 13–16).

- Children aged 3–17 in nuclear families (4.5%) were less likely to have frequent headaches or migraines in the past 12 months than children in single-parent (8%), blended (6.6%), cohabiting (7.6%), extended (7.1%), or other (7.6%) families, and were comparable to children living in unmarried biological or adoptive families.
- Among children aged 12–17, those in nuclear families (7.6%) were less likely to have headaches or migraines than children in single-parent (11.6%), cohabiting (12.8%), extended (9.7%), or other (11.4%) families.
- Hispanic children living in nuclear families (4%) were less likely to have frequent headaches or migraines than children in single-parent (7.9%), blended (5.9%), cohabiting (7.4%), or extended (5.8%) families. Non-Hispanic white children living in nuclear families (4.8%) were less likely to have frequent headaches or migraines than children in nonnuclear families, with the exception of unmarried biological or adoptive families. Non-Hispanic black children living in nuclear families (4.1%) were less likely to have frequent headaches or migraines than those in single-parent (7.7%), blended (6.5%), extended (7.2%), or other (9.5%) families.
- Among poor families, children in nuclear families (6.6%) were less likely to have frequent headaches or migraines than children in single-parent (8.8%) or other (13.2%) families. Among near poor families, children in nuclear families (5.4%) were less likely than children in single-parent (8.5%) or extended (7.3%) families to have frequent headaches or migraines. Among not poor families, children in nuclear families (4.1%) were less likely than children in single-parent (6.6%), blended (6.4%), cohabiting (7.3%),

or extended (6.7%) families to have frequent headaches or migraines.

- Among children of all ages, those in unmarried biological or adoptive families (8.3%) were more likely to have three or more ear infections in the past 12 months than children in nuclear (5.9%), single-parent (6%), blended (5.1%), extended (5.4%), or other (5.3%) families, and were comparable to children living in cohabiting families.
- Hispanic children living in unmarried biological or adoptive families (9.1%) were more likely than Hispanic children in nuclear (5.8%), single-parent (5.9%), blended (4.8%), or extended (5.6%) families to have three or more ear infections in the past 12 months. Non-Hispanic white children in unmarried biological or adoptive families (9.4%) were more likely than non-Hispanic white children in nuclear (6.4%), blended (5.4%), or extended (6%) families to have three or more ear infections. Family structure was unrelated to the prevalence of ear infections among non-Hispanic black children.
- Among children living in the Northeast, those in unmarried biological or adoptive families (12.9%) were more likely to have three or more ear infections in the past 12 months than children in nuclear (5.9%), single-parent (4.7%), blended (5.9%), extended (5%), or other (6%) families. Among children in the South, those in unmarried biological or adoptive families (8.8%) were more likely to have three or more ear infections than children in blended (5.4%) or other (4.9%) families. Family structure was unrelated to the prevalence of ear infections in the Midwest and West regions of the United States.

## Developmental delays and limitations

Overall, 2.6 million U.S. children under age 18 (3.6%) had mental retardation or any developmental delay; 1.4 million U.S. children under age 18 (1.9%) had an impairment or health problem that limited their crawling, walking, running, or playing; and 1.3 million U.S. children under age 18 (1.8%) received special education or EIS for an emotional or behavioral problem. In addition, 1.7 million U.S. children under age 18 (2.3%) experienced vision problems and 9.7 million U.S. children aged 4–17 (17.2%) had a basic action disability (Tables 17–26).

- Children living in nuclear families (3%) were less likely than children in single-parent (4.6%), blended (3.8%), cohabiting (4.5%), extended (3.6%), or other (6.6%) families to have mental retardation or any developmental delay, and were comparable to children living in unmarried biological or adoptive families. Children in other families had the highest prevalence rates of mental retardation or any developmental delay.
- Among Hispanic children, those in nuclear families (2.4%) were less likely than children in single-parent (4.2%) or other (5.1%) families to have mental retardation or any developmental delay. Among non-Hispanic white children, those living in nuclear families (3.3%) were less likely to have mental retardation or any developmental delay than children living in single-parent (4.9%), cohabiting (5.5%), or other (7.7%) families. Among non-Hispanic black children, those in nuclear families (2.8%) were less likely than children in single-parent families (4.1%) to have mental retardation or any developmental delay.
- Children in nuclear families (1.4%) were less likely than children in single-parent (2.7%), blended (2.6%), extended (2%), or other (2.6%) families to have an impairment or health problem that limited their crawling, walking, running, or playing, and were comparable to children living in unmarried biological or adoptive families or cohabiting families.
- When the more highly educated parent was a high school dropout, children in nuclear families (1.1%) were less likely than children in single-parent families (3%) to have an impairment or problem limiting activity. When at least one parent was a high school graduate, children in nuclear families (1.8%) were less likely than children in single-parent (2.6%) or blended (3.9%) families to have an impairment or problem limiting activity. When at least one parent had more than a high school diploma, children in nuclear families (1.4%) were less likely to have such an impairment or health problem than children in single-parent (2.7%), blended (2%), or extended (2.1%) families.
- Among poor families, children living in nuclear families (1.7%) were less likely to have impairments or health problems limiting activity than children in single-parent (3.2%), blended (4.5%), or extended (2.7%) families. Among near poor families, children in nuclear families (2%) were less likely to have impairments or health problems limiting activity than children in single-parent families (2.9%). Among not poor families, children living in nuclear families (1.3%) were less likely to have impairments or health problems limiting activity than children in single-parent (2%), blended (2%), or extended (1.7%) families.
- Less than 1% of children living in nuclear families received special education or EIS for an emotional or behavioral problem compared with 3.3% of children in single-parent families, 2.3% of children in blended families, 3.3% of children in cohabiting families, 2.1% of children in extended families, and 5.2% of children in other families. Children living in nuclear families were comparable to those living in unmarried biological or adoptive families regarding the receipt of special education or EIS. Children in other families were most likely to receive special education or EIS for an emotional or behavioral problem.
- Among children with Medicaid, those living in nuclear families (1.5%) were less likely to receive special education or EIS for emotional or behavioral problems

than children in single-parent (4.4%), blended (3.7%), cohabiting (4.6%), extended (3.3%), or other (8%) families. With the exception of children living in unmarried biological or adoptive families, children with Medicaid living in other families were most likely to receive special education or EIS for an emotional or behavioral problem.

- Children living in nuclear families (1.8%) were less likely than children in single-parent (3.2%), blended (2.6%), cohabiting (3.6%), extended (2.6%), or other (3%) families to have vision problems, and were comparable to children living in unmarried biological or adoptive families. Among children aged 5–17, those in nuclear families (2.2%) were less likely than children in single-parent (3.8%), blended (3.2%), cohabiting (4.4%), extended (3.1%), or other (3.4%) families to have vision problems, even when wearing glasses or contact lenses.
- Among poor families, children in nuclear families (2.6%) were less likely to have vision problems than children in single-parent families (4%). Family structure was not related to vision problems among children living in near poor families. Among not poor families, children in nuclear families (1.6%) were less likely than children in single-parent (2.5%), blended (2.4%), or extended (2.5%) families to have vision problems.
- Children aged 4–17 living in nuclear families (12.5%) were less likely than children in single-parent (22.7%), unmarried biological or adoptive (17.7%), blended (23.4%), cohabiting (23.9%), extended (18.1%), or other (25.8%) families to have a basic action disability (Figure 14).
- When the more highly educated parent was a high school dropout, children in nuclear families (11.3%) were less likely than children in single-parent (23.9%), blended (21.5%), cohabiting (25.8%), or extended (15.9%) families to have a basic action disability. When at least one parent was a high school graduate, children in nuclear families (14.4%) were less likely than children in single-parent (22.7%), blended (25.4%), cohabiting (22.4%), or extended (19.4%) families to have a basic action disability. When at least one parent had more than a high school diploma, children in nuclear families (12.3%) were least likely to have such a disability.
- Among children with Medicaid health insurance, those living in nuclear families (16.8%) were less likely to have a basic action disability than children in single-parent (26.7%), blended (28.1%), cohabiting (25.5%), extended (22.8%), or other (32.3%) families.

## Learning disabilities and missed school days

Overall, 6.9 million U.S. children aged 3–17 (11.4%) had a learning disability or ADHD. In addition, 8.1 million U.S. children aged 5–17 (15.8%) missed 6 or more days of school in the past 12 months due to illness or injury (Tables 27–30).

- Children aged 3–17 living in nuclear families (8.1%) were less likely than children in single-parent (14.9%), blended (16.1%), cohabiting (15.6%), extended (12.1%), or other (19%) families to have a learning disability or ADHD (Figure 15), and were comparable to those living in unmarried biological or adoptive families.
- Roughly 11% of boys living in nuclear families had a learning disability or ADHD compared with 20.4% of boys in single-parent families, 21.5% in blended families, 19.9% in cohabiting families, 15.7% in extended families, and 22.7% in other families. Five percent of girls living in nuclear families had a learning disability or ADHD compared with 9.5% of girls in single-parent families, 10.5% in blended families, 11% in cohabiting families, 8.1% in extended families, and 15% in other families.
- Among Hispanic children, those in nuclear families (6.6%) were less likely than children in single-parent (11.3%), blended (11.7%), extended (8.1%), or other (11.4%) families to have a learning disability or ADHD. Among non-Hispanic white children, those living in nuclear families (9%) were less likely to have a learning disability or ADHD than children living in single-parent (17.4%), blended (18%), cohabiting (18.2%), extended (15.1%), or other (22.3%) families. Among non-Hispanic black children, those in nuclear families (5.8%) were less likely than children in single-parent (13.2%), blended (12.1%), cohabiting (13.7%), extended (11.4%), or other (20.2%) families to have a learning disability or ADHD.
- Children with private health insurance living in nuclear families (7.8%) were less likely to have a learning disability or ADHD than children with private health insurance living in single-parent (13%), blended (15.6%), cohabiting (15.6%), extended (10.8%), or other (14.1%) families. Children with Medicaid living in nuclear families (11.1%) were less likely to have a learning disability or ADHD than children with Medicaid living in single-parent (17.3%), blended (19.5%), cohabiting (16.4%), extended (15.9%), or other (24.6%) families. Similarly, 5.7% of uninsured children living in nuclear families had a learning disability or ADHD compared with 14.1% of uninsured children living in single-parent families, 12.9% in blended families, 13.2% in cohabiting families, 9.8% in extended families, and 12.2% in other families.
- Children in nuclear families were generally less likely than children in the remaining family types to have a learning disability or ADHD regardless of parent's education, income, poverty status, place of residence, or region.
- Children aged 5–17 living in nuclear families (13.3%) were less likely to miss school for 6 or more days in the past 12 months due to illness or injury than children aged 5–17 living in single-parent (19.7%),

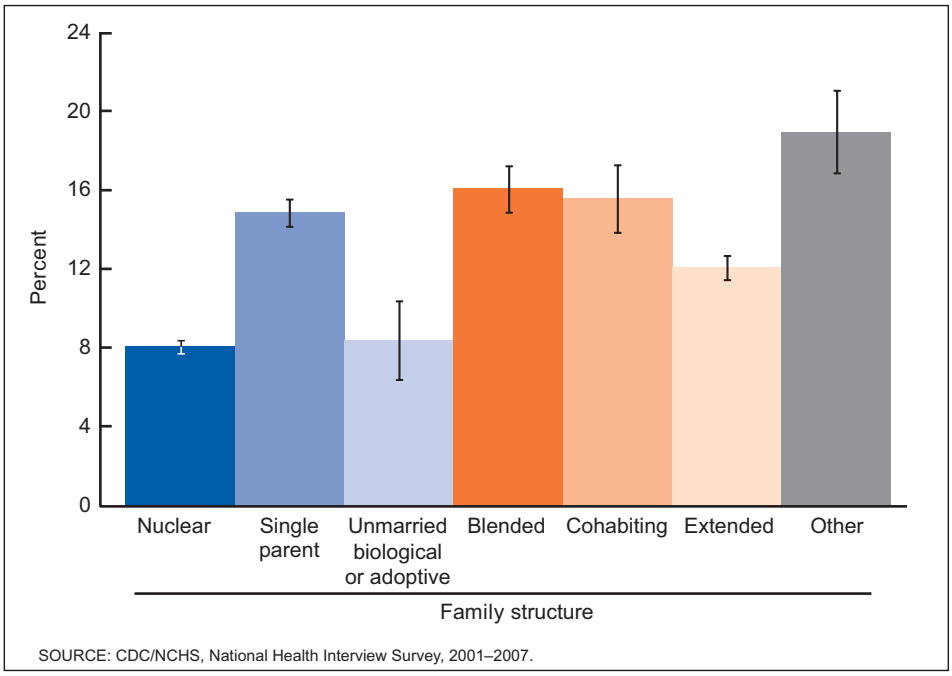



**Figure 15. Percentages of children aged 3–17 who had ever been told of having a learning disability or ADHD, by family structure: United States, 2001–2007**

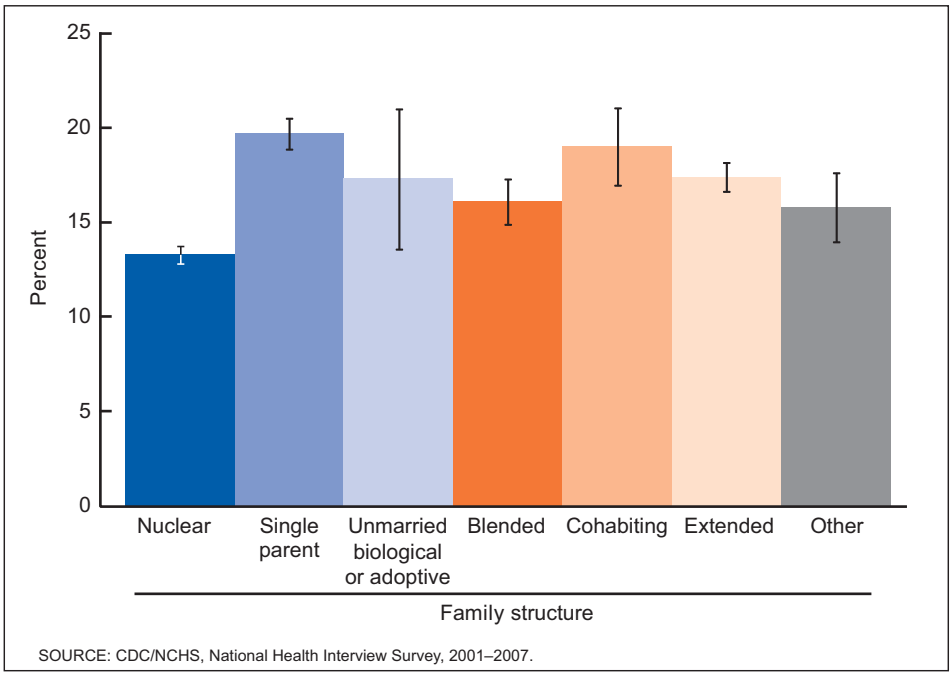



**Figure 16. Percentages of children aged 5–17 who missed 6 or more days of school in the past 12 months due to illness or injury, by family structure: United States, 2001–2007**

blended (16.1%), cohabiting (19%), extended (17.4%), or other (15.8%) families, and were comparable to children living in unmarried biological or adoptive families (Figure 16).

- Among Hispanic children, 10.5% of those in nuclear families missed 6 or more school days in the past 12 months compared with 19.9% of children in single-parent families, 13.5% in blended families, 17.7% in cohabiting families, and 13.5% in extended families. Among non-Hispanic white children, 14.8% of those in nuclear families missed 6 or more school days in the past 12 months compared with 23.5% of children in single-parent families, 18% in blended families, 21.2% in cohabiting families, 21.5% in extended families, and 19.3% in other families. Among non-Hispanic black children, 7.6% of those in nuclear families missed 6 or more school days in the past 12 months compared with 14.2% of children in single-parent families, 11.1% in blended families, 14.1% in extended families, and 12.8% in other families.
- When the more highly educated parent was a high school dropout, 13.1% of children living in nuclear families missed 6 or more days of school in the past 12 months compared with 24.4% of children in single-parent families, 22.3% in blended families, and 19.9% in cohabiting families. When at least one parent was a high school graduate, children in nuclear families (16%) were less likely than children in extended families (20.1%) to miss 6 or more school days. When at least one parent had more than a high school diploma, 12.7% of children in nuclear families missed 6 or more days of school compared with 18.9% of children in single-parent families, 21% in unmarried biological or adoptive families, 15.2% in blended families, 17.8% in cohabiting families, and 17.3% in extended families.
- Among poor families, children in nuclear families (16.3%) were less likely than children in single-parent (22.3%) or blended families (22.3%) to miss 6 or more days of school in the past 12 months. Among near poor families, children in nuclear families (13.9%) were less likely than children in single-parent (20.6%), blended (18.2%), cohabiting (19.3%), or extended (17.5%) families to miss 6 or more days of school. Among not poor families, children in nuclear families

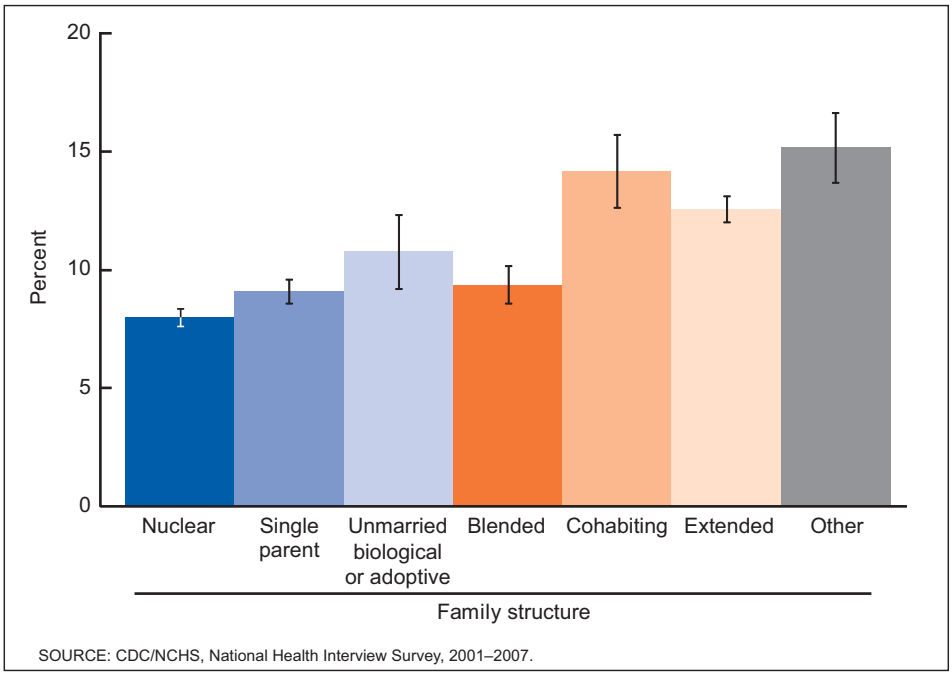



**Figure 17. Percentages of children under age 18 who did not have health insurance, by family structure: United States, 2001–2007**

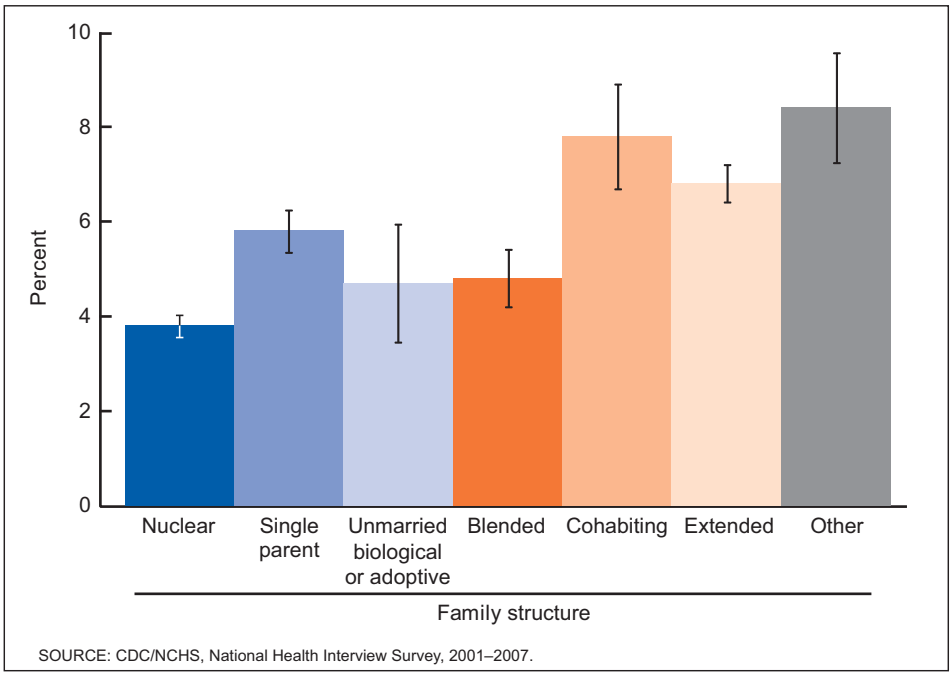



**Figure 18. Percentages of children under age 18 without a usual place of health care, by family structure: United States, 2001–2007**

(12.8%) were less likely than children in single-parent (15.9%), cohabiting (18%), or extended (17.1%) families to miss 6 or more school days.

# Measures of Access to or Utilization of Health Care

## Lack of health insurance coverage

Overall, 7 million U.S. children under age 18 (9.6%) lacked health insurance coverage (Tables 31–32).

- Children living in nuclear families (8%) were less likely than children in single-parent (9.1%), unmarried biological or adoptive (10.8%), blended (9.4%), cohabiting (14.2%), extended (12.6%), or other (15.2%) families to lack health insurance coverage (Figure 17).
- Among children under age 5, 6% of those living in nuclear families lacked health insurance coverage compared with 8.9% of children in unmarried biological or adoptive families, 12.6% of children in cohabiting families, 11.6% of children in extended families, and 12.6% of children in other families. Among children aged 5–17, 8.9% of children living in nuclear families lacked health insurance coverage compared with 13.9% of children in unmarried biological or adoptive families, 14.8% of children in cohabiting families, 12.8% of children in extended families, and 16% of children in other families.
- Hispanic children in single-parent families (12.5%) were less likely to lack health insurance coverage than Hispanic children in nuclear (19.9%), unmarried biological or adoptive (18.8%), blended (17.6%), cohabiting (18.5%), extended (22.9%), or other (26.3%) families. However, non-Hispanic children in nuclear families (5.7%) were less likely to lack health insurance coverage than non-Hispanic children in single-parent (8.4%), blended (7.9%), cohabiting (13.3%), extended (8.6%), or other (12%) families.
- Among children living in families with a combined family income less than $20,000 in the previous calendar year, 9.7% in single-parent families did not have health insurance coverage compared with 20.8% in nuclear families, 15.6% in blended families, 14.9% in cohabiting families, 16.9% in extended families, and 16.1% in other families. Similar percents with respect to lacking health insurance coverage were obtained for children living in poor families or when the

more highly educated parent did not graduate from high school.

- Among children living in the West, those in unmarried biological or adoptive families (16.7%) were more likely than children in nuclear (10.2%), single-parent (11.5%), or blended (11%) families to lack health insurance coverage. This pattern was not apparent in the remaining three regions of the United States.

## Lack of usual place of care

Overall, 3.7 million U.S. children under age 18 (5%) lacked a usual place of health care (Tables 33–34).

- Children living in nuclear families (3.8%) were less likely than children in single-parent (5.8%), blended (4.8%), cohabiting (7.8%), extended (6.8%), or other (8.4%) families to lack a usual place of health care, and were comparable to children living in unmarried biological or adoptive families (Figure 18).
- Hispanic children living in nuclear families (9.9%) were less likely than Hispanic children in cohabiting (13.9%), extended (13.2%), or other (15.9%) families to lack a usual place of health care. Non-Hispanic white children living in nuclear families (2.2%) were less likely than non-Hispanic white children in single-parent (5.3%), blended (3.6%), cohabiting (7.6%), extended (3.4%), or other (6.6%) families to lack a usual place of health care. Family structure was unrelated to lacking a usual place of health care among non-Hispanic black children.
- When the more highly educated parent was a high school dropout, children living in nuclear families (14.5%) were more likely to lack a usual place of health care than children in single-parent (8.3%), unmarried biological or adoptive (6.8%), or blended (7%) families. However, when at least one parent was a high school graduate, children in nuclear families (5%) were less likely to lack a usual place of health care than children in cohabiting (7.5%) or extended (6.3%) families. Similarly, when at least one parent had more than a high school diploma, children in nuclear families (2.4%) were less likely to lack a usual place of care than children in single-parent (4.4%), blended (4.3%), cohabiting (6.2%), or extended (3.9%) families. Similar patterns of percentages with respect to lacking a usual place of health care were obtained for children living in poor, near poor, and not poor families.
- Children living in nuclear families that owned or were buying their homes (2.6%) were less likely to lack a usual place of health care than children in single-parent (4.8%), blended (3.6%), cohabiting (6.6%), extended (5.1%) or other (6.4%) families that owned or were buying their homes. Children living in nuclear families that rented their homes (8.5%) were more likely to lack a usual place of health care than children in single-parent (6.3%) or unmarried biological or adoptive (4.5%) families that rented, but were less likely to lack a usual place of health care than children in extended (10.7%) or other (13.2%) families that rented their homes.
- Among children living in the Northeast, 1.3% of those in nuclear families lacked a usual place of health care compared with 2.5% of children in extended families. Among children living in the Midwest, 2.6% of those in nuclear families lacked a usual place of health care compared with 4.2% of children in single-parent families, 5.5% of children in cohabiting families, and 4.6% of children in extended families. Among children living in the South, 4.7% of those in nuclear families lacked a usual place of health care compared with 7.3% of children in single-parent families, 10.2% of children in cohabiting families, 8.1% of children in extended families, and 9.8% of children in other families. Among children living in the West, 5.7% of those in nuclear families lacked a usual place of health care compared with 8.2% of single-parent families, 8.7% of children in blended families, 9.8% of children in cohabiting families, 9.6% of children in extended families, and 12% of children in other families.

## Prescription medication usage

Overall, 9.4 million U.S. children under age 18 (12.9%) had a problem that required regular use of a prescription medication for at least 3 months (Tables 35–36).

- Children in unmarried biological or adoptive families (9.2%) were least likely to have had a problem requiring the regular use of a prescription medication for at least 3 months (Figure 19).
- Among young children under age 5, 11% of those living in single-parent families had a problem that required regular use of a prescription medication for at least 3 months compared with 7.2% of children in nuclear families, 6.1% in unmarried biological or adoptive families, 6.8% in blended families, and 7.5% in extended families.
- Hispanic children living in unmarried biological or adoptive families (6.2%) were less likely to have a problem requiring regular use of a prescription medication than Hispanic children in single-parent (11%), blended (9.5%), or other (11.9%) families. Among non-Hispanic white children, those living in unmarried biological or adoptive families (11.4%) were less likely to have a problem requiring regular use of a prescription medication than children in single-parent (18.6%), blended (17.7%), extended (17.1%), or other (19%) families. Non-Hispanic black children living in nuclear families (10.2%) were less likely to have a problem requiring prescription medication than non-Hispanic black children in other families (15.1%).
- Among poor families, children in nuclear families (9.1%) were less likely than children in single-parent (15.5%), blended (15%), extended (11.6%), or other (14.5%) families to have a problem requiring prescription medication. Among near

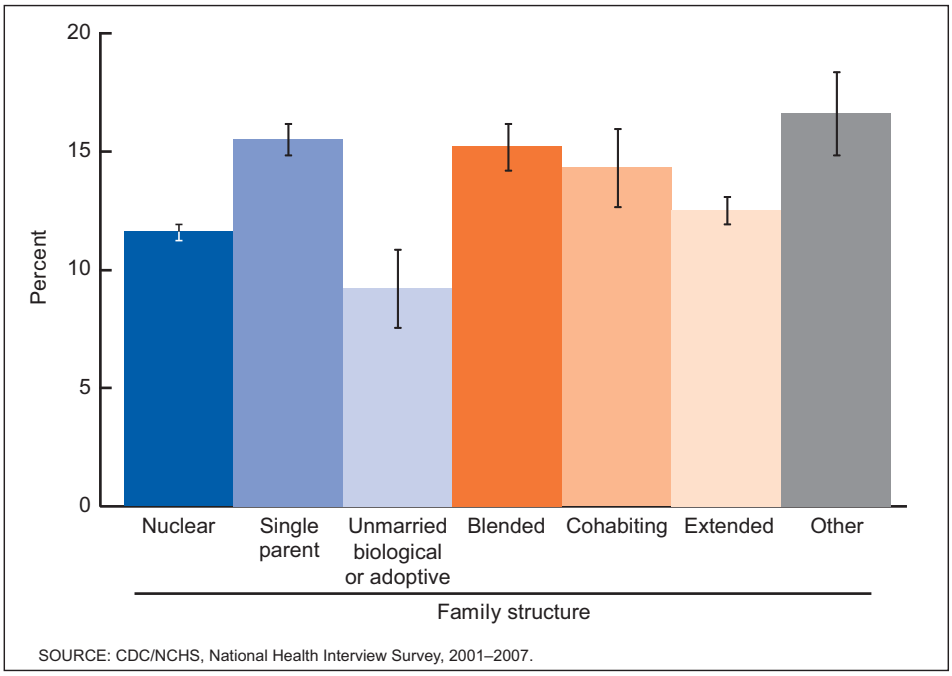



**Figure 19. Percentages of children under age 18 with a problem for which prescription medications were used for at least 3 months, by family structure: United States, 2001–2007**

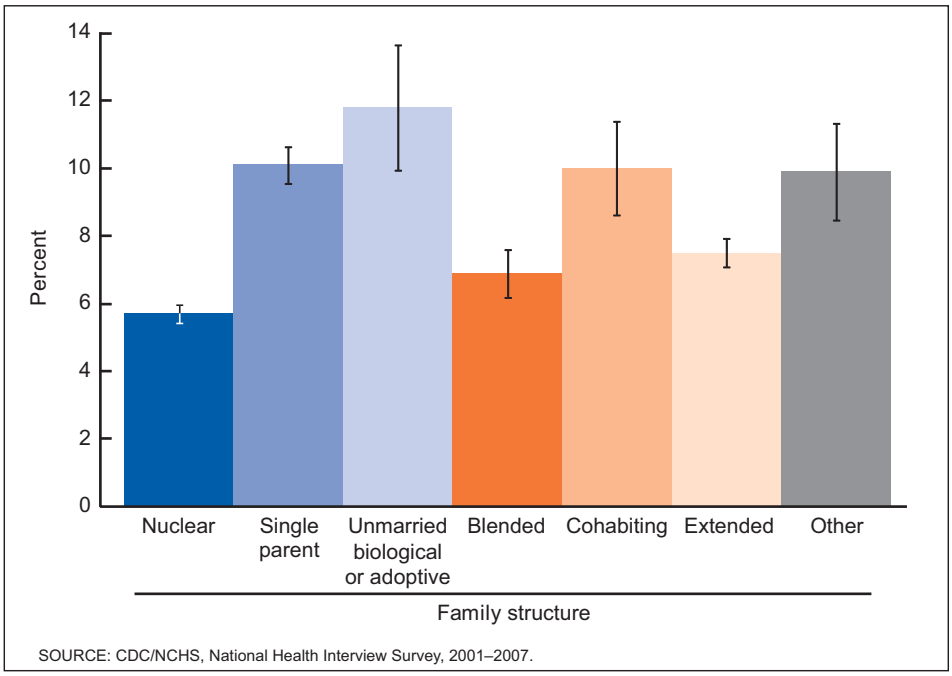



**Figure 20. Percentages of children under age 18 who had two or more visits to the emergency room in the past 12 months, by family structure: United States, 2001–2007**

poor families, children in nuclear families (9.7%) were less likely than children in single-parent (15.7%), blended (15.3%), cohabiting (15.1%), or other (16.9%) families to have a problem requiring prescription medication. Among not poor families, children in unmarried biological or adoptive families (7.9%) were least likely to have a problem requiring prescription medication.

- Children living in unmarried biological or adoptive families that owned or were buying their homes (10.6%) were less likely to have a problem requiring prescription medication than children in single-parent (16.3%), blended (15.7%), or other (19.2%) families that owned or were buying their homes. Children living in unmarried biological or adoptive families that rented their homes (8%) were less likely to have a problem requiring prescription medication than children in single-parent (15%), blended (14%), cohabiting (13.5%), or extended (11%) families that rented their homes.
- Among children with private health insurance, children in unmarried biological or adoptive families were least likely to have a problem requiring prescription medication. Among children with Medicaid, 12% of children in nuclear families had a problem that required prescription medication compared with 17.1% of children in single-parent families, 16.5% in blended families, 15.5% in cohabiting families, 14.3% in extended families, and 20.3% in other families.

## Receipt of medical care

Overall, 5.2 million U.S. children under age 18 (7.2%) had two or more visits to a hospital ER in the past 12 months; 19.4 million U.S. children aged 1–17 (28.4%) did not have a medical checkup in the past 12 months; and 14.9 million U.S. children aged 2–17 (23%) saw or talked with an eye doctor during the past 12 months. In addition, nearly 2.8 million U.S. children under age 18 (3.8%) had medical care delayed during the past 12 months due to concerns over the cost, 1.8 million U.S. children aged 2–17 (2.8%) did not receive needed prescription medication due to lack of affordability, and 1.4 million U.S. children aged 2–17 (2.2%) did not get needed eyeglasses due to lack of affordability (Tables 37–48).

- Children living in nuclear families (5.7%) were least likely to have two or more ER visits in the past 12 months (Figure 20).
- Among children under age 5, 7.2% of those in nuclear families had two

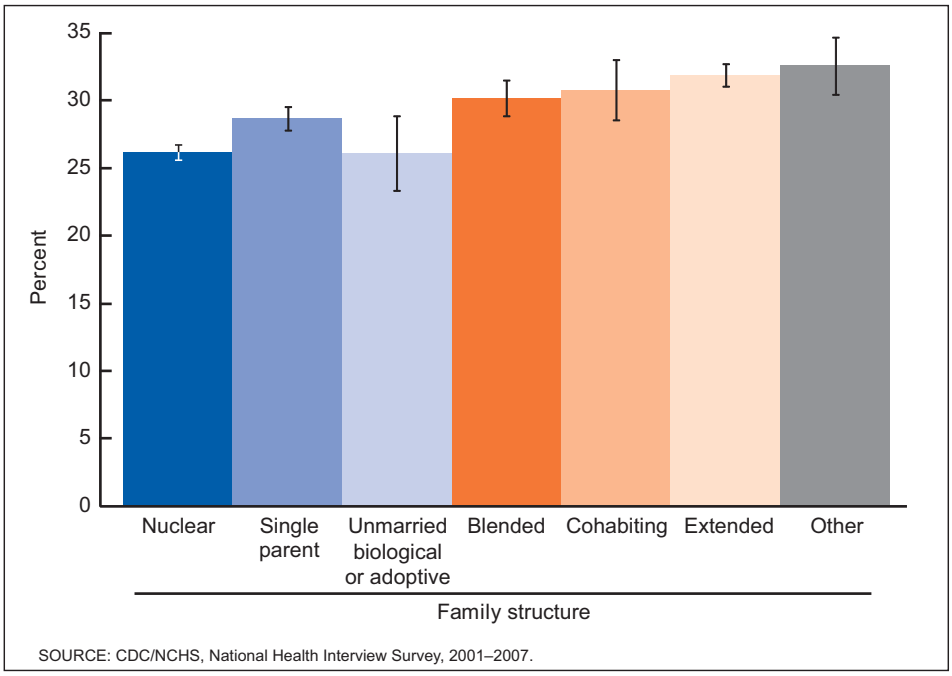



**Figure 21. Percentages of children under age 18 who did not have a medical checkup in the past 12 months, by family structure: United States, 2001–2007**

or more ER visits in the past 12 months compared with 17% of children in single-parent families, 13.1% in unmarried biological or adoptive families, 10.4% in blended families, 15% in cohabiting families, 12% in extended families, and 15% in other families. Among older children aged 12–17, 4.9% of those in nuclear families had two or more ER visits in the past 12 months compared with 8.3% of children in single-parent families, 8.5% in cohabiting families, 5.8% in extended families, and 9.4% in other families.

- Among children with private health care insurance, 5% of those in nuclear families had two or more ER visits in the past 12 months compared with 6.7% of children in single-parent families, 10.9% in unmarried biological or adoptive families, and 5.8% in extended families. Among children covered by Medicaid, 8.8% of those in nuclear families had two or more ER visits in the past 12 months compared with 13.5% of children in single-parent families, 12.7% in unmarried biological or adoptive families, 13.8% in cohabiting families, and 11.3% in extended families.
- Children living in nuclear families (26.2%) were less likely to lack a medical checkup in the past 12 months than children in single-parent (28.7%), blended (30.2%), cohabiting (30.8%), extended (31.9%), or other (32.6%) families, and were comparable to children living in unmarried biological or adoptive families (Figure 21).
- Nearly 15% of children under age 5 living in nuclear families did not have a medical checkup in the past 12 months compared with 19.8% of children in the same age group living in cohabiting families and 19.3% of children in the same age group living in extended families.
- Among Hispanic children, those in single-parent families (30.2%) were less likely to lack a medical checkup in the past 12 months than children in nuclear (34%), cohabiting (37.4%), extended (38.3%), or other (39.3%) families. Among non-Hispanic white children, those in unmarried biological or adoptive families (23.3%) were less likely to lack a medical checkup than children in single-parent (32.9%), blended (31.5%), cohabiting (32.6%), extended (31%), or other (34.8%) families. Among non-Hispanic black children, those in unmarried biological or adoptive families (14.4%) were less likely to lack a medical checkup than children in nuclear (21.1%), single-parent (22.4%), blended (23.5%), extended (24.5%), or other (24.9%) families.
- Among poor families, 26.5% of children living in unmarried biological or adoptive families did not have a medical checkup in the past 12 months compared with 37.1% of children living in nuclear families, 35.9% in extended families, and 36% in other families. Among not poor families, 23% of children living in nuclear families did not have a medical checkup in the past 12 months compared with 28% of children in single-parent families, 29.9% in blended families, 29.9% in cohabiting families, 28.5% in extended families, and 28.3% in other families.
- Children living in unmarried biological or adoptive families (12.5%) were less likely to have seen or spoken with an eye doctor during the past 12 months than children in nuclear (22.7%), single-parent (23.6%), blended (23.8%), cohabiting (20.4%), extended (24%), or other (22.3%) families.
- Among young children aged 2–4, 4% of those living in unmarried biological or adoptive families had seen an eye doctor in the past 12 months compared with 6.4% of children in nuclear families and 6.9% of children in single-parent families. Among children aged 5–11, 13.5% of those in unmarried biological or adoptive families had seen an eye doctor in the past 12 months compared with 23% of children in nuclear families, 23.7% in single-parent families, 24.8% in blended families, 21.1% in cohabiting families, 20% in extended families, and 23.1% in other families. Among older children aged 12–17, children in nuclear families (34%) were more likely to have seen an eye doctor in the past 12 months than children in

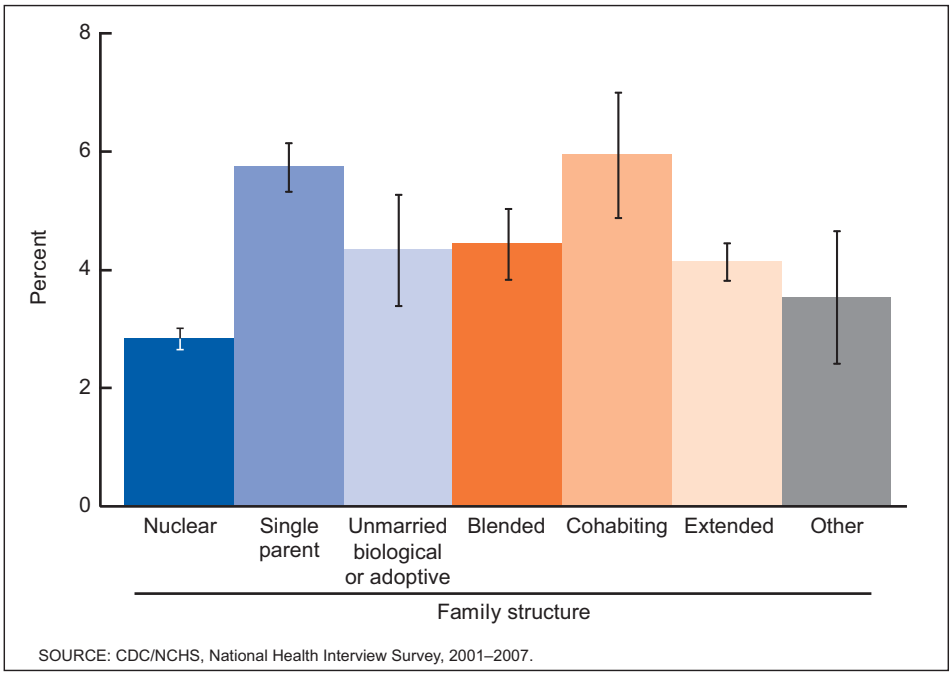



**Figure 22. Percentages of children under age 18 who had medical care delayed during the past 12 months due to concerns over cost, by family structure: United States, 2001–2007**

single-parent (29.7%), blended (28.6%), cohabiting (27%), extended (31.7%), or other (26.7%) families.

- Children living in cohabiting families (5.9%) were more likely to have medical care delayed during the past 12 months due to concerns over cost than children in nuclear (2.8%), blended (4.4%), extended (4.1%), or other (3.5%) families, and were comparable to children living in single-parent or unmarried biological or adoptive families (Figure 22).
- Family structure was unrelated to delays in receiving medical care due to concerns over cost among children whose more highly educated parent was a high school dropout. When at least one parent had more than a high school diploma, children in nuclear families (2.4%) were less likely to have medical care delayed due to cost than children in single-parent (6.8%), unmarried biological or adoptive (5.2%), blended (3.7%), cohabiting (5.8%), or extended (3.9%) families.
- Among children with private health insurance, those in nuclear families (1.7%) were less likely than children in single-parent (4.1%), blended (2.4%), or extended (2.4%) families to have medical care delayed due to concerns over cost. Among children with Medicaid, family structure was unrelated to delays in receiving medical care due to concerns over cost. Among uninsured children, those in other families (9.9%) were less likely to have medical care delayed due to concerns over cost than children in nuclear (14.2%), single-parent (25.5%), blended (20.6%), cohabiting (18.1%), or extended (15.2%) families.
- Children aged 2–17 living in nuclear families (1.8%) were least likely to have receipt of needed prescription medication delayed during the past 12 months due to lack of affordability.
- Among Hispanic children, those in nuclear families (3.5%) were less likely to have receipt of needed prescription medication delayed due to lack of affordability than children in single-parent (5%), cohabiting (6.7%), or extended (5%) families. Among non-Hispanic white children, those in nuclear families (1.4%) were less likely to have receipt of needed prescription medication delayed due to lack of affordability than children in single-parent (4.7%), blended (2.4%), cohabiting (4.2%), or extended (2.9%) families. Among non-Hispanic black children, those in other families (2.3%) were less likely to have receipt of needed prescription medication delayed due to lack of affordability than children in single-parent (4%) or blended (4.5%) families.
- Children living in nuclear families that owned or were buying their homes (1.3%) were less likely to have prescription medication delayed due to lack of affordability than children in single-parent (3.4%), blended (2.3%), cohabiting (4.1%), or extended (2.8%) families that owned or were buying their homes. Children living in unmarried biological or adoptive families that rented their homes (2.6%) were less likely to have prescription medication delayed due to lack of affordability than children in single-parent (5.1%), blended (4.7%), cohabiting (4.6%), or extended (5.5%) families that rented their homes.
- Among children with private health insurance coverage, 1% of those in nuclear families had prescription medication delayed due to lack of affordability compared with 3.2% of children in single-parent families, 1.9% of children in blended families, and 2% of children in extended families. Among children covered by Medicaid, 1.6% of those in other families had prescription medication delayed due to lack of affordability compared with 2.6% of children in nuclear families, 3.8% of children in single-parent families, 3.7% of children in blended families, 3.6% of children in cohabiting families, and 4% of children in extended families. Among uninsured children, 14.8% of those in single-parent families had prescription medication delayed due to lack of affordability compared with 8.2% of children in nuclear families, 9.3% of children in blended families, 10% of children in extended families, and 9.7% of children in other families.
- Children aged 2–17 living in nuclear families (1.3%) were less likely to

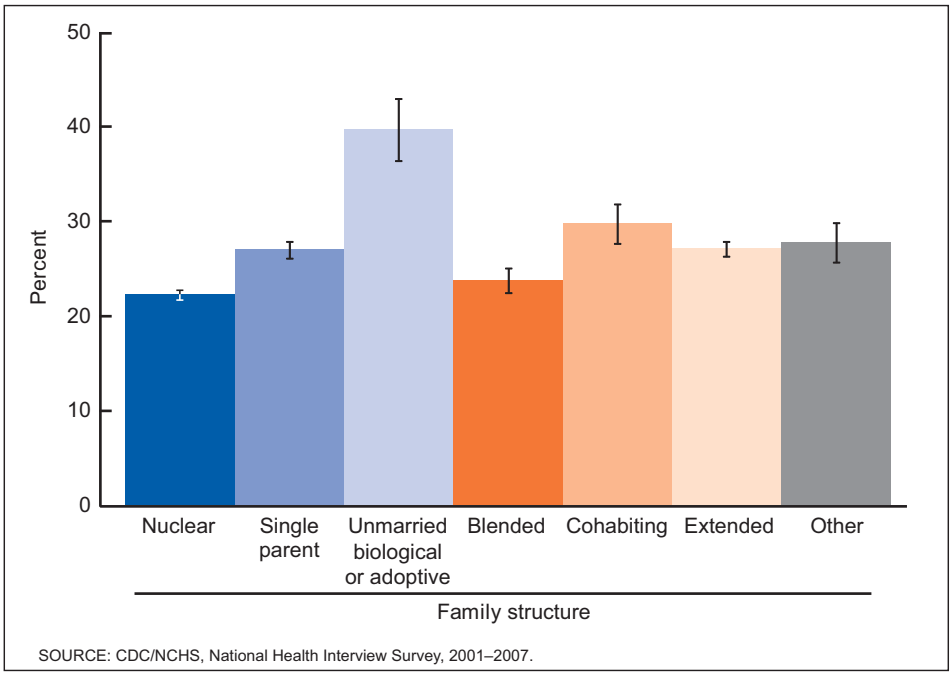



**Figure 23. Percentages of children aged 2–17 who did not see a dentist in the past 12 months, by family structure: United States, 2001–2007**

have receipt of needed eyeglasses delayed during the past 12 months due to lack of affordability than children living in single-parent (3.4%), blended (2.7%), cohabiting (2.8%), extended (2.9%), or other (2.5%) families, and were comparable to children living in unmarried biological or adoptive families.

- Among Hispanic children, 2.5% of those living in nuclear families were delayed in receiving needed eyeglasses in the past 12 months compared with 3.7% of children in extended families. Among non-Hispanic white children, 1.1% of those in nuclear families were delayed in receiving needed eyeglasses compared with 3.7% of children in single-parent families, 2.4% in blended families, 2.7% in cohabiting families, and 2.3% in extended families. Among non-Hispanic black children, 1.3% of those in nuclear families were delayed in receiving needed eyeglasses compared with 3.1% of children in single-parent families, 2.8% in blended families, and 3.2% in extended families.
- Among children with private health insurance coverage, 2.9% of those in single-parent families were delayed in receiving needed eyeglasses in the past 12 months compared with 0.7% of children in nuclear families, 1.8% of children in blended families, and 1.7% of children in extended families. Among children covered by Medicaid, 3.4% of those in extended families were delayed in receiving needed eyeglasses compared with 1.9% of children in nuclear and 1.9% in other families. Among uninsured children, 9.1% of those in single-parent and also in blended families were delayed in receiving needed eyeglasses compared with 5.7% of children in nuclear families; children in single-parent families (but not those in blended families) were also more likely to experience delays in receiving needed eyeglasses than children in cohabiting families (5.6%).

## Dental care

Overall, 15.9 million U.S. children aged 2–17 (24.6%) had not seen a dentist in the past 12 months, and 4.2 million U.S. children aged 2–17 (6.4%) did not receive needed dental care in the past 12 months due to cost (Tables 49–52).

- Children aged 2–17 living in unmarried biological or adoptive families (39.6%) were least likely to have seen a dentist in the past 12 months (Figure 23).
- Among children aged 12–17, 13.3% of those in nuclear families had not seen a dentist in the past 12 months compared with 22.3% of children in single-parent families, 22% in unmarried biological or adoptive families, 18.1% in blended families, 25.1% in cohabiting families, 20.9% in extended families, and 25.3% in other families.
- Among Hispanic children aged 2–17, 29.9% of those in single-parent families had not seen a dentist in the past 12 months compared with 35% of children in nuclear families, 41.2% in unmarried biological or adoptive families, 37.2% in cohabiting families, 36.8% in extended families, and 40.2% in other families. Among non-Hispanic white children aged 2–17, 18.8% of those in nuclear families had not seen a dentist in the past 12 months compared with 24.4% of children in single-parent families, 43.1% in unmarried biological or adoptive families, 22.4% in blended families, 27.8% in cohabiting families, and 23.6% in other families. Among non-Hispanic black children, 26.7% of those living in nuclear families had not seen a dentist in the past 12 months compared with 31.5% of children in extended families.
- Among children with private health insurance, 18.2% of those in nuclear families did not see a dentist within the past 12 months compared with 19.9% of children in single-parent families, 35.6% of children in unmarried biological or adoptive families, and 20.2% of children in blended families. Among children with Medicaid, 23.4% of those in other families did not see a dentist within the past 12 months compared with 30% of children in nuclear families, 29% of children in single-parent families, 38.3% of children in unmarried biological or adoptive families, 31.1% of children in cohabiting families, and 30.6% of

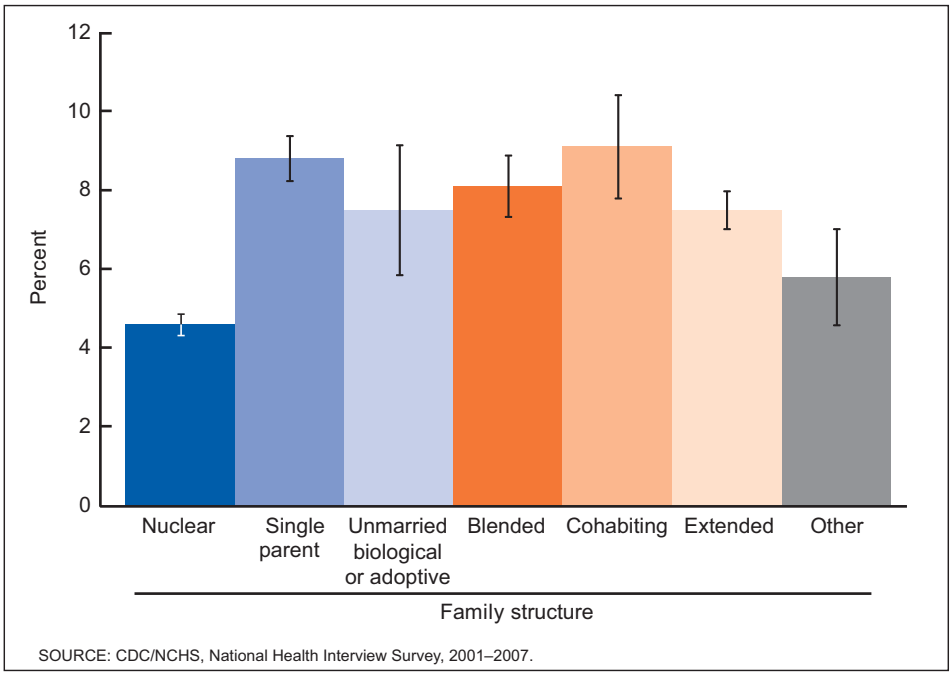



**Figure 24. Percentages of children aged 2–17 who did not receive needed dental care in the past 12 months due to cost, by family structure: United States, 2001–2007**

children in extended families. Among uninsured children, 42.9% of those in blended families did not see a dentist within the past 12 months compared with 49.4% of children in nuclear families, 55% of children in unmarried biological or adoptive families, 54.6% of children in extended families, and 55.3% of children in other families. Overall, 50% of uninsured children did not see a dentist within the past 12 months.

- Children aged 2–17 living in nuclear families (4.6%) were less likely than children of the same age in single-parent (8.8%), unmarried biological or adoptive (7.5%), blended (8.1%), cohabiting (9.1%), or extended (7.5%) families to lack receipt of needed dental care in the past 12 months due to cost, and were comparable to children living in other families (Figure 24).
- Nearly 8% of Hispanic children living in nuclear families did not receive needed dental care due to cost compared with 10.7% of Hispanic children living in blended families and 9.3% in extended families. Among non-Hispanic white children, 3.9% of those living in nuclear families did not receive needed dental care due to cost compared with 10.3% of children in single-parent families, 7.2% in unmarried biological or adoptive families, 8.1% in blended families, 10.4% in cohabiting families, and 6.6% in extended families. Among non-Hispanic black children, 3.4% of those living in cohabiting families did not receive needed dental care due to cost compared with 6.7% of children in single-parent families, 6.5% in blended families, and 6.5% in extended families.
- Among poor families, 5.3% of children living in other families did not receive needed dental care due to cost compared with 9.3% of children in nuclear families, 9.1% in single-parent families, 11.5% in blended families, 11.8% in cohabiting families, and 10.3% in extended families. Among near poor families, 8.7% of children living in nuclear families did not receive needed dental care due to cost compared with 10.6% of children in single-parent families, 12.1% in blended families, and 10.9% in extended families. Among not poor families, 3.1% of children living in nuclear families did not receive needed dental care due to cost compared with 6.9% of children in single-parent families, 5.9% in blended families, 8.1% in cohabiting families, and 4.9% in extended families.

## Measures of Behavior or Emotional Well-being

During the past 6 months, approximately 1.7 million U.S. children aged 4–17 (3%) were often unhappy, depressed, or tearful; 2 million U.S. children aged 4–17 (3.6%) were generally not well-behaved or did not usually do what adults requested; 3.3 million U.S. children aged 4–17 (5.9%) had many worries or often seemed worried; 6.2 million U.S. children aged 4–17 (11.2%) generally exhibited a poor attention span or did not usually see chores and homework through to the end; and 6.3 million U.S. children aged 4–17 (11.3%) certainly got along better with adults than children. Lastly, 2.9 million U.S. children aged 4–17 (5.1%) had definite or severe emotional or behavioral difficulties and 1.1 million U.S. children aged 4–17 with definite or severe emotional or behavioral difficulties had no contact with a mental health professional or general doctor for an emotional or behavioral problem during the last 12 months (39.9%) (Tables 53–66).

- Two percent of children aged 4–17 living in nuclear families were often unhappy, depressed, or tearful during the past 6 months compared with 4.4% of children in single-parent families, 3.7% of children in blended families, 3.4% of children in extended families, and 4.9% of children in other families, and were comparable to children living in unmarried biological or adoptive families or cohabiting families.
- Among Hispanic children, 3% of those in nuclear families were often unhappy, depressed, or tearful during the past 6 months compared with 4.9% of children in single-parent families and 5.6% in blended families. Among non-Hispanic white children, 1.7% of those in nuclear families were often unhappy, depressed, or tearful during the past

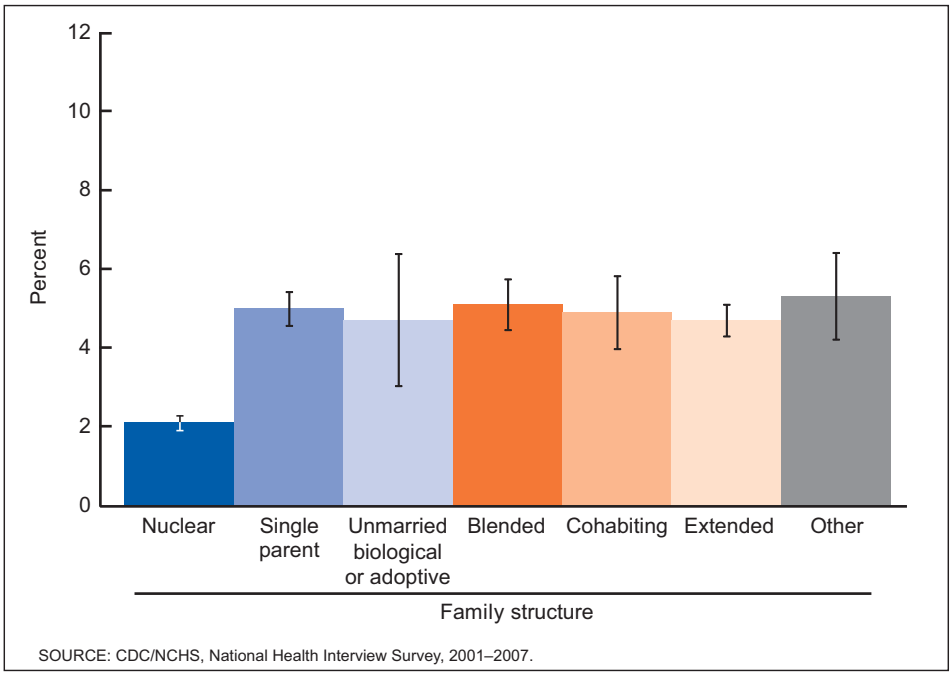



**Figure 25. Percentages of children aged 4–17 who were generally not well behaved or did not usually do who adults requested in the past 6 months, by family structure: United States, 2001–2007**

6 months compared with 4.1% of children in single-parent families, 3.1% in blended families, and 3.3% in extended families. Among non-Hispanic black children, 2.2% of those in nuclear families were often unhappy, depressed, or tearful during the past 6 months compared with 4.2% of children in single-parent families and 5.1% in other families.

- When the more highly educated parent was a high school dropout, 3.7% of children living in nuclear families were often unhappy, depressed, or tearful during the past 6 months compared with 6.7% of children in single-parent families and 7.7% in blended families. When at least one parent was a high school graduate, children in nuclear families (2.3%) were less likely than children in single-parent (3.7%), blended (4.2%), or extended (3.4%) families to often exhibit unhappy, depressed, or tearful behavior. When at least one parent had more than a high school diploma, 1.8% of children in nuclear families were often unhappy, depressed, or tearful compared with 3.7% of children in single-parent families, 2.9% in blended families, and 3.1% in extended families. Similar percentages for often exhibiting unhappy, depressed, or tearful behavior are obtained when family structure is disaggregated by poverty status.
- About 2% of children aged 4–17 in nuclear families were generally not well-behaved or did not usually do what adults requested during the past 6 months compared with 5% of children in single-parent families, 4.7% of children in unmarried biological or adoptive families, 5.1% of children in blended families, 4.9% of children in cohabiting families, 4.7% of children in extended families, and 5.3% of children in other families (Figure 25).
- Among Hispanic children, 3.5% of those in nuclear families were generally not well-behaved or did not usually do what adults requested during the past 6 months compared with 6% of children in single-parent families, 5.7% in blended families, and 5.1% in extended families. Among non-Hispanic white children, 1.8% of those in nuclear families were generally not well-behaved or did not usually do what adults requested during the past 6 months compared with 4.1% of children in single-parent families, 5.1% in blended families, 3.7% in cohabiting families, 4.2% in extended families, and 4.9% in other families. Among non-Hispanic black children, 2% of those in nuclear families were generally not well-behaved or did not usually do what adults requested during the past 6 months compared with 5.9% of children in single-parent families, 4.5% in blended families, 8% in cohabiting families, 5.7% in extended families, and 6.8% in other families.
- Among poor families, 4.2% of children in nuclear families were generally not well-behaved or did not usually do what adults requested during the past 6 months compared with 6.8% of children in single-parent families, 8.3% in blended families, 7% in extended families, and 8.7% in other families. Among near poor families, 2.7% of children in nuclear families were generally not well-behaved or did not usually do what adults requested compared with 5% of children in single-parent families, 5.9% in blended families, 6.2% in cohabiting families, and 5.1% in extended families. Among not poor families, 1.8% of children in nuclear families were generally not well-behaved or did not usually do what adults requested compared with 3% of children in single-parent families, 4.2% in blended families, 3.4% in cohabiting families, 3.7% in extended families, and 3.7% in other families.
- Children aged 4–17 living in nuclear families (4.1%) were less likely than children in single-parent (8.5%), blended (7.3%), cohabiting (7.6%), extended (6%), or other (9.8%) families to have many worries or often seem worried during the past 6 months, and were comparable to children living in unmarried biological or adoptive families (Figure 26).
- Among Hispanic children, 4.5% of those in nuclear families had many worries or often seemed worried during the past 6 months compared

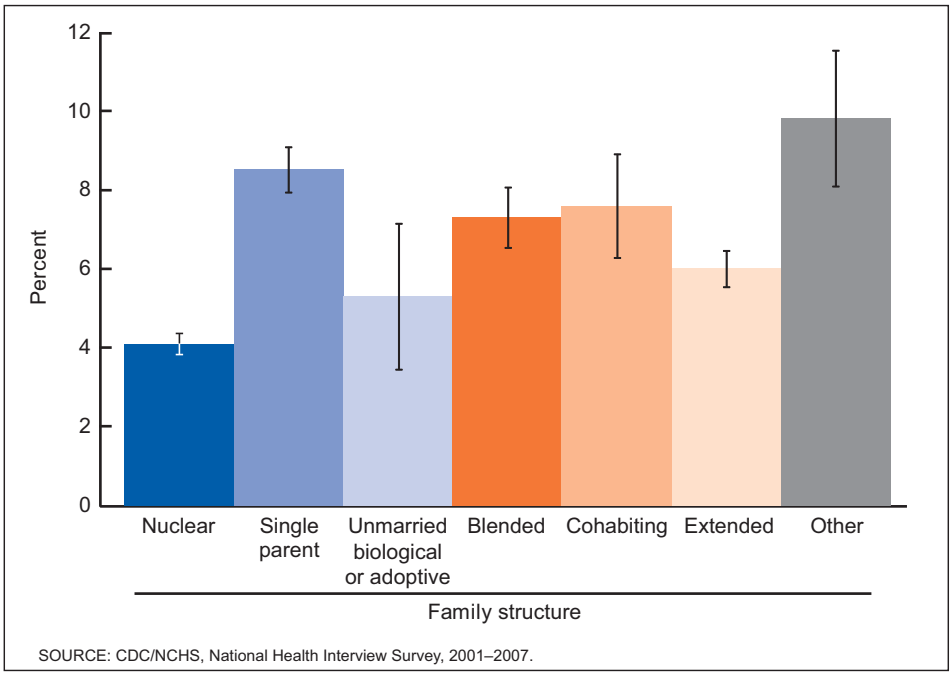
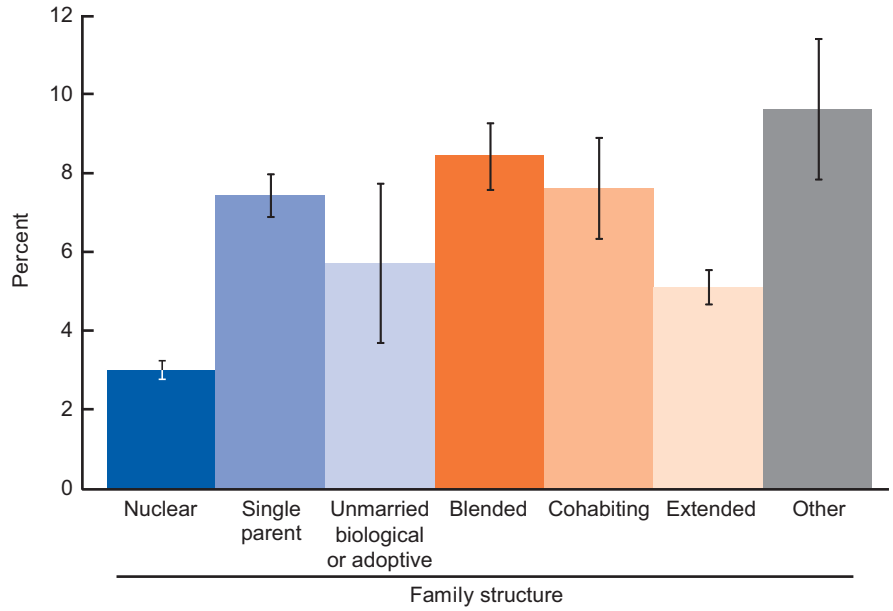



**Figure 26. Percentages of children aged 4–17 who had many worries or often seemed worried in the past 6 months, by family structure: United States, 2001–2007**

with 8.1% of children in single-parent families, 7.6% in blended families, 6.2% in extended families, and 7.9% in other families. Among non-Hispanic white children, 4.1% of those in nuclear families had many worries or often seemed worried compared with 10.5% of children in single-parent families, 7.7% in blended families, 8.4% in cohabiting families, 6.5% in extended families, and 12.4% in other families. Among non-Hispanic black children, 3.3% of those in nuclear families had many worries or often seemed worried compared with 5.5% of children in single-parent families, 5.2% in extended families, and 7.3% in other families.

- Children living in nuclear families that owned or were buying their homes (3.9%) were less likely to have many worries or often seem worried than children in single-parent (8.6%), blended (6.7%), cohabiting (8.5%), extended (5.2%), or other (10%) families that owned or were buying their homes. Children living in nuclear families that rented their homes (5.3%) were less likely to have many worries or often seem worried than children in single-parent (8.4%), blended (8.6%), extended (8.3%), or other (8.6%) families that rented their homes.
- Nearly 8% of children aged 4–17 in nuclear families generally exhibited a poor attention span or did not usually see chores and homework through to the end during the past 6 months compared with 14.7% of children in single-parent families, 15.6% of children in blended families, 16% of children in cohabiting families, 11.9% of children in extended families, and 18% of children in other families, and were comparable to children living in unmarried biological or adoptive families.
- Ten percent of boys living in nuclear families generally exhibited a poor attention span or did not usually see chores and homework through to the end during the past 6 months compared with 18.1% of boys in single-parent families, 19.6% in blended families, 18.8% in cohabiting families, 14.4% in extended families, and 21.4% in other families. Nearly 6% of girls living in nuclear families generally exhibited a poor attention span or did not usually see chores and homework through to the end during the past 6 months compared with 11.4% of girls in single-parent families, 11.4% in blended families, 12.9% in cohabiting families, 9.3% in extended families, and 14.4% in other families.
- When the more highly educated parent was a high school dropout, 8.4% of children living in nuclear families generally exhibited a poor attention span or did not usually see chores and homework through to the end compared with 15% of children in single-parent families, 17.5% in blended families, 16.2% in cohabiting families, and 11.3% in extended families. When at least one parent was a high school graduate, children in nuclear families (9.8%) were less likely than children in single-parent (14.9%), blended (16.6%), cohabiting (16.1%), or extended (13.9%) families to generally exhibit a poor attention span or not usually see chores and homework through to the end. When at least one parent had more than a high school diploma, 7.4% of children in nuclear families generally exhibited a poor attention span or did not usually see chores and homework through to the end compared with 14.2% of children in single-parent families, 14.9% in blended families, 15.9% in cohabiting families, 11.2% in extended families, and 24% in other families.
- About 9% of children aged 4–17 in nuclear families certainly got along better with adults than children during the past 6 months compared with 13.8% of children in single-parent families, 12.4% of children in blended families, 12.5% of children in cohabiting families, 13% of children in extended families, and 15.2% of children in other families, and were comparable to children living in unmarried biological or adoptive families.
- Among Hispanic children, 12.7% of those in nuclear families certainly got along better with adults than children during the past 6 months compared with 17.5% of children in single-parent families and 19.5% in other families. Among non-Hispanic




SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Figure 27. Percentages of children aged 4–17 who had definite or severe emotional or behavioral difficulties, by family structure: United States, 2001–2007**

white children, 7.6% of those in nuclear families certainly got along better with adults than children during the past 6 months compared with 11.4% of children in single-parent families, 12.0% in blended families, 11.3% in cohabiting families, 11.7% in extended families, and 14% in other families. Family structure was not related to the extent to which non-Hispanic black children certainly got along better with adults than children during the past 6 months.

- When the more highly educated parent was a high school dropout, 13% of children living in nuclear families certainly got along better with adults than children during the past 6 months compared with 19.7% of children in single-parent families. When at least one parent was a high school graduate, 8.5% of children in unmarried biological or adoptive families certainly got along better with adults than children during the past 6 months compared with 13.6% of children in single-parent families, 14.2% in blended families, and 14% in extended families. When at least one parent had more than a high school diploma, 8.1% of children living in nuclear families certainly got along better with adults than children during the past 6 months compared with 11.5% of children in single-parent families, 11.3% in blended families, 11.8% in extended families, and 15.1% in other families.
- As Figure 27 illustrates, children aged 4–17 living in nuclear families (3%) were less likely to have definite or severe emotional or behavioral difficulties than children in single-parent (7.4%), unmarried biological or adoptive (5.7%), blended (8.4%), cohabiting (7.6%), extended (5.1%), or other (9.6%) families.
- Nearly 4% of boys living in nuclear families had definite or severe emotional or behavioral difficulties compared with 9.3% of boys in single-parent families, 7.7% in unmarried biological or adoptive families, 10.8% in blended families, 9.6% in cohabiting families, 6.2% in extended families, and 9.7% in other families. Two percent of girls living in nuclear families had definite or severe emotional or behavioral difficulties compared with 5.5% of girls in single-parent families, 5.9% in blended families, 5.4% in cohabiting families, 3.9% in extended families, and 9.5% in other families.
- Among Hispanic children, 2.1% of those in nuclear families had definite or severe emotional or behavioral difficulties compared with 5.8% of children in single-parent families, 6.8% in blended families, 5.7% in extended families, and 7.1% in other families. Among non-Hispanic white children, 3.3% of those in nuclear families had definite or severe emotional or behavioral difficulties compared with 8.2% of children in single-parent families, 8.5% in unmarried biological or adoptive families, 9% in blended families, 7.6% in cohabiting families, 6.4% in extended families, and 11.1% in other families. Among non-Hispanic black children, 2.3% of those in nuclear families had definite or severe emotional or behavioral difficulties compared with 6.4% of children in single-parent families, 6.8% in blended families, 7.3% in cohabiting families, 5.5% in extended families, and 9.4% in other families.
- Among children living in poor families, 3.8% of those in nuclear families had definite or severe emotional or behavioral difficulties during the past 6 months compared with 8.9% of children in single-parent families, 9.4% in blended families, 7.2% in cohabiting families, 6.6% in extended families, and 9.7% in other families. Among children living in near poor families, 3.1% of those in nuclear families had definite or severe emotional or behavioral difficulties compared with 7.6% of children in single-parent families, 11.1% in blended families, 9.5% in cohabiting families, 5.4% in extended families, and 11% in other families. Among children living in not poor families, 2.9% of those in nuclear families had definite or severe emotional or behavioral difficulties compared with 5.4% of children in single-parent families, 7.2% in blended families, 6.7% in cohabiting

families, 4.5% in extended families, and 8.5% in other families.

- Among children with private health insurance, 2.8% of those living in nuclear families had definite or severe emotional or behavioral difficulties during the past 6 months compared with 5.6% of children in single-parent families, 7.4% in blended families, 5.8% in cohabiting families, and 4.2% in extended families. Among children with Medicaid, 4.6% of those living in nuclear families had definite or severe emotional or behavioral difficulties during the past 6 months compared with 9.5% of children in single-parent families, 11.3% in blended families, 10.1% in cohabiting families, 7.6% in extended families, and 13.4% in other families. Among uninsured children, 2% of those living in nuclear families had definite or severe emotional or behavioral difficulties during the past 6 months compared with 7.2% of children in single-parent families, 9.3% in blended families, 5.6% in cohabiting families, 4% in extended families, and 5.1% in other families.
- Among children aged 4–17 with definite or severe emotional or behavioral difficulties, 27.8% of those in other families had no contact with a mental health professional or general doctor for an emotional or behavioral problem during the last 12 months compared with 39.9% of children with definite or severe emotional or behavioral difficulties in nuclear families, 40.2% of children with such difficulties in single-parent families, and 43.5% of children with such difficulties in extended families.

# Conclusion

The findings presented in this report indicate that children living in nuclear families—that is, in families consisting of two married adults who are the biological or adoptive parents of all children in the family—were generally healthier, more likely to have access to health care, and less likely to have definite or severe emotional or behavioral difficulties than children living in nonnuclear families. For example, children in nuclear families were generally less likely than children in nonnuclear families to be in good, fair, or poor health; to have a basic action disability; or to have learning disabilities or ADHD. They were also less likely than children in nonnuclear families to lack health insurance coverage, to have had two or more ER visits in the past 12 months, to have receipt of needed prescription medication delayed during the past 12 months due to lack of affordability, or to have gone without needed dental care in the past 12 months due to cost. Additionally, children living in nuclear families were less likely to be poorly behaved or to have definite or severe emotional or behavioral difficulties during the past 6 months than children living in nonnuclear family types.

These findings are consistent with previous research that concluded that children living with two parents were advantaged relative to children living in other types of families (18–21). Using data from the Child Health Supplement of the 1988 NHIS, Dawson (18,19) reported that children living with two biological parents were less likely to experience behavioral or emotional problems than children living in other family types. Dawson found small and inconsistent differences in prevalence estimates by family structure for most chronic conditions and indicators of physical health, but noted that children living in households with two parents were less likely to have had chronic asthma in the past 12 months than children living in households without fathers (18). Heck and Parker (20) found that children in two-parent families were less likely than children living with single mothers to have unmet health care needs and more likely to have employer-sponsored health insurance. Bramlett and Blumberg (21) reported that children living with two biological parents were more likely than children in single-mother or grandparent-only families to be in excellent or very good health and less likely to have asthma-related health issues during the past year, to have ADHD, or to have moderate to severe emotional or behavior problems.

Relative to children living in nuclear families, children in single-parent families clearly had higher prevalence rates for the various health conditions and indicators examined in this report. However, when compared to children living in other nonnuclear families, children living in single-parent families generally exhibited comparable prevalence rates with respect to child health, access to care, and emotional or behavioral difficulties. This report combined children living with single mothers, single fathers, or some other related single adult into one category because the vast majority of single adult families in 2001–2007 were headed by mothers. If single-parent families were disaggregated by type of parent (i.e., mother, father, or some other adult), it is possible that children living in single-mother families might have slightly higher rates of health problems and less access to health care than children in single-father families, as well as other nonnuclear families, as earlier research (18–21) has found.

Children living in blended (i.e., stepparent), cohabiting, unmarried biological or adoptive, extended, and other families were generally disadvantaged relative to children in nuclear families, and were, for the most part, comparable to children living in single-parent families regarding most health status and access to care measures. However, few, if any, consistent patterns emerged in the prevalence estimates of children living in nonnuclear families. Interestingly, children living in unmarried biological families share some of the health characteristics of both nuclear and cohabiting families. Results in this report suggest that children in unmarried biological families generally fared well in terms of the prevalence of asthma, hay fever, and allergies and they were also least likely to have had a problem requiring the regular use of a prescription medication for at least 3 months. Conversely, they were more likely than children in the remaining family types to have three or more ear infections in the past 12 months and

least likely to have seen a dentist or had contact with an eye doctor in the past 12 months. Regarding some health measures, however, results were inconclusive due to the relatively small number of children in unmarried biological families. Additional research is needed to determine whether this particular family type is consistently and positively associated with indicators of child health, access to care, and behavioral or emotional well-being.

The association of children's health status, access to or utilization of care, and emotional well-being with family structure was mitigated in some instances by the introduction of various personal, social, and economic characteristics. Yet differences in child health and access to care by family structure generally persisted regardless of population subgroup, with children living in nuclear families remaining advantaged relative to children in nonnuclear families.

The findings in this report cannot be used to infer that family structure "caused" a particular child health outcome or that a child health outcome "caused" family structure. In fact, previous research has shown that causality may flow in both directions; that is, family structure may have consequences for child health outcomes, while children's health may have consequences for family structure (42,43). Ideally, a methodological approach should be used that more accurately reflects how children's health may select them into particular family structures, which, in turn, may have ramifications for their health outcomes. However, the cross-sectional design of NHIS and the lack of information in the data about marriage or union onset or duration makes this task impossible. However, there are certainly different ways to model family structure that are beyond the scope of this report. For example, analysts may wish to distinguish between mother-stepfather and father-stepmother families. Moreover, although the date at which marriages or unions began cannot be determined from NHIS, it is possible to determine whether single mothers have ever been married. It may make a difference whether children are living with a never- versus ever-married mother (44). A postdivorce mother may have more goods and resources (e.g., alimony and child support payments) available to her than a never-married mother. No attempt was made in the current analysis to determine the marital status of single parents (formerly married versus never married) or to distinguish between mother-stepfather, father-stepmother, mother-cohabiting male partner, or father-cohabiting female partner families. The 2001–2007 NHIS data do allow for these possibilities, however.

Despite the data limitations discussed previously, the findings summarized in this report remain important, particularly given the sweeping changes in family formation and living arrangements currently taking place in the United States. This report is based on 7 years of NHIS survey data that contain numerous child health and access to health care measures for a sample of nearly 84,000 children. In addition, this study incorporates a detailed indicator of family structure that takes into account both parental marital status and the nature of parent-child relationships (e.g., biological, step, etc.), making the identification of nontraditional families possible. Very few nationally representative data sources contain reliable measures of both family structure and child health. Thus, NHIS provides a unique opportunity to understand the complicated relationships that exist between family structure and child health in the United States today.

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**Table 1. Frequencies of children under age 18 who were in good, fair, or poor health, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 in good, fair, or poor health | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 12,604 | 4,246 | 2,668 | 246 | 1,105 | 493 | 3,166 | 680 |
| **Sex** | | | | | | | | |
| Male | 6,670 | 2,247 | 1,393 | 135 | 611 | 267 | 1,675 | 342 |
| Female | 5,934 | 1,999 | 1,275 | 111 | 494 | 225 | 1,491 | 338 |
| **Age** | | | | | | | | |
| 0–4 years | 3,071 | 1,181 | 553 | 124 | 219 | 138 | 724 | 132 |
| 5–17 years | 9,533 | 3,065 | 2,115 | 122 | 887 | 355 | 2,442 | 548 |
| 5–11 years | 4,749 | 1,713 | 1,057 | 86 | 443 | 205 | 998 | 247 |
| 12–17 years | 4,784 | 1,352 | 1,058 | 36 | 443 | 149 | 1,443 | 302 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 3,630 | 1,233 | 608 | 92 | 225 | 110 | 1,177 | 185 |
| Mexican or Mexican American | 2,669 | 998 | 331 | 61 | 159 | 77 | 898 | 144 |
| Not Hispanic or Latino | 8,973 | 3,013 | 2,060 | 154 | 880 | 383 | 1,989 | 495 |
| White, single race | 5,461 | 2,308 | 886 | 99 | 623 | 247 | 1,074 | 223 |
| Black or African American, single race | 2,654 | 364 | 1,019 | 42 | 212 | 93 | 690 | 234 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 3,063 | 813 | 780 | 70 | 172 | 133 | 1,030 | 64 |
| High school diploma or GED[6] | 3,546 | 1,094 | 768 | 93 | 385 | 174 | 967 | 65 |
| More than high school diploma | 5,248 | 2,307 | 928 | 82 | 535 | 180 | 1,094 | 122 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 3,887 | 765 | 1,684 | 83 | 206 | 158 | 808 | 182 |
| $20,000–$34,999 | 2,935 | 931 | 641 | 66 | 289 | 122 | 712 | 173 |
| $35,000–$54,999 | 2,447 | 939 | 240 | 55 | 282 | 103 | 678 | 150 |
| $55,000–$74,999 | 1,389 | 619 | 65 | 26 | 159 | 55 | 373 | 93 |
| $75,000 or more | 1,945 | 993 | 38 | *16 | 169 | 55 | 593 | 81 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 4,168 | 898 | 1,480 | 79 | 243 | 171 | 1,047 | 250 |
| Near poor | 3,697 | 1,146 | 766 | 88 | 374 | 146 | 948 | 228 |
| Not poor | 4,739 | 2,202 | 423 | 79 | 488 | 175 | 1,171 | 202 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 6,810 | 2,867 | 738 | 83 | 658 | 173 | 1,877 | 414 |
| Rented | 5,424 | 1,262 | 1,838 | 152 | 407 | 299 | 1,225 | 240 |
| Some other arrangement | 298 | 97 | 82 | *10 | 30 | *14 | 48 | *18 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 5,250 | 2,423 | 706 | 69 | 552 | 136 | 1,221 | 143 |
| Medicaid | 5,400 | 1,169 | 1,622 | 150 | 384 | 263 | 1,400 | 412 |
| Other | 232 | 79 | 50 | *2 | 40 | *7 | 39 | *14 |
| Uninsured | 1,642 | 562 | 274 | 26 | 124 | 82 | 467 | 106 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 4,402 | 1,189 | 1,157 | 87 | 330 | 170 | 1,198 | 270 |
| Small MSA | 5,632 | 2,197 | 1,007 | 104 | 451 | 190 | 1,410 | 272 |
| Not in MSA | 2,570 | 859 | 504 | 55 | 324 | 133 | 557 | 138 |
| **Region** | | | | | | | | |
| Northeast | 2,157 | 730 | 507 | 50 | 144 | 78 | 539 | 109 |
| Midwest | 2,758 | 941 | 610 | 48 | 278 | 121 | 619 | 140 |
| South | 4,806 | 1,532 | 1,073 | 78 | 505 | 176 | 1,151 | 291 |
| West | 2,884 | 1,043 | 478 | 70 | 178 | 117 | 856 | 140 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with

related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Respondent-assessed health status is obtained from a question in the Family Core section of the survey that asked, "Would you say [child's name] health in general was excellent, very good, good, fair, or poor?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to health status and family structure are not included in the column labeled "All children under age 18 in good, fair, or poor health" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category, "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 2. Percentages (with standard errors) of children under age 18 who were in good, fair, or poor health, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 in good, fair, or poor health | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 17.2 (0.20) | 12.0 (0.24) | 22.3 (0.48) | 23.2 (1.41) | 17.5 (0.61) | 21.7 (1.09) | 22.8 (0.44) | 30.0 (1.23) |
| Sex | | | | | | | | |
| Male | 17.9 (0.26) | 12.4 (0.32) | 23.5 (0.68) | 24.0 (1.89) | 18.9 (0.94) | 22.8 (1.59) | 23.3 (0.59) | 29.6 (1.72) |
| Female | 16.6 (0.27) | 11.6 (0.33) | 21.1 (0.64) | 22.2 (2.12) | 16.0 (0.87) | 20.6 (1.49) | 22.3 (0.62) | 30.4 (1.85) |
| Age | | | | | | | | |
| 0–4 years | 15.3 (0.33) | 10.5 (0.36) | 21.9 (1.09) | 19.0 (1.65) | 15.8 (1.36) | 22.3 (2.19) | 23.1 (0.87) | 25.1 (2.34) |
| 5–17 years | 18.0 (0.23) | 12.7 (0.29) | 22.4 (0.51) | 29.9 (2.56) | 17.9 (0.70) | 21.5 (1.30) | 22.8 (0.49) | 31.4 (1.43) |
| 5–11 years | 16.9 (0.29) | 11.8 (0.35) | 21.5 (0.70) | 29.0 (2.89) | 17.3 (0.97) | 20.9 (1.73) | 24.3 (0.83) | 29.8 (2.01) |
| 12–17 years | 19.3 (0.31) | 14.1 (0.46) | 23.4 (0.72) | 32.3 (5.19) | 18.6 (1.01) | 22.5 (1.93) | 21.9 (0.60) | 32.9 (2.14) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 26.3 (0.46) | 21.9 (0.61) | 28.8 (1.03) | 27.8 (2.37) | 22.9 (1.45) | 26.7 (2.49) | 30.8 (0.82) | 35.4 (2.35) |
| Mexican or Mexican American | 28.2 (0.58) | 24.6 (0.75) | 28.4 (1.42) | 27.3 (2.44) | 23.8 (1.77) | 29.1 (3.16) | 33.3 (1.02) | 37.0 (2.81) |
| Not Hispanic or Latino | 15.1 (0.21) | 10.1 (0.25) | 20.9 (0.53) | 21.1 (1.72) | 16.5 (0.68) | 20.6 (1.20) | 19.8 (0.51) | 28.4 (1.45) |
| White, single race | 12.5 (0.23) | 9.2 (0.27) | 17.0 (0.64) | 21.1 (2.10) | 14.8 (0.75) | 18.7 (1.41) | 16.5 (0.61) | 24.6 (2.03) |
| Black or African American, single race | 24.9 (0.55) | 16.7 (0.99) | 25.6 (0.91) | 23.8 (3.49) | 24.9 (1.81) | 23.6 (2.70) | 28.8 (1.11) | 34.7 (2.46) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 32.7 (0.63) | 29.2 (1.07) | 33.4 (1.22) | 30.0 (2.85) | 33.9 (2.63) | 28.5 (2.45) | 35.8 (1.10) | 36.9 (4.99) |
| High school diploma or GED[6] | 21.8 (0.41) | 18.7 (0.61) | 22.6 (0.84) | 23.5 (2.21) | 21.5 (1.29) | 21.3 (1.84) | 25.7 (0.83) | 26.8 (3.87) |
| More than high school diploma | 11.7 (0.20) | 8.7 (0.23) | 16.4 (0.57) | 19.1 (2.34) | 13.5 (0.67) | 18.6 (1.62) | 15.7 (0.51) | 26.2 (3.37) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 30.0 (0.52) | 25.8 (0.99) | 28.7 (0.75) | 26.9 (2.59) | 31.2 (2.55) | 30.0 (2.62) | 37.5 (1.29) | 38.0 (2.68) |
| $20,000–$34,999 | 23.2 (0.50) | 20.2 (0.74) | 20.7 (0.89) | 23.2 (2.61) | 25.5 (1.68) | 22.8 (2.44) | 28.9 (1.30) | 33.2 (2.73) |
| $35,000–$54,999 | 17.4 (0.43) | 14.3 (0.57) | 13.3 (0.95) | 21.3 (2.93) | 18.0 (1.42) | 19.0 (2.29) | 24.1 (0.97) | 29.0 (2.81) |
| $55,000–$74,999 | 12.8 (0.43) | 9.9 (0.52) | 10.2 (1.56) | 22.4 (5.42) | 13.2 (1.25) | 18.5 (3.36) | 17.7 (1.22) | 30.6 (4.27) |
| $75,000 or more | 8.6 (0.28) | 6.6 (0.28) | 6.9 (1.42) | 17.1 (4.71) | 9.6 (0.93) | 15.0 (2.50) | 13.8 (0.79) | 18.2 (2.54) |
| Poverty status[8] | | | | | | | | |
| Poor | 30.9 (0.55) | 27.1 (1.03) | 29.5 (0.86) | 28.3 (2.85) | 29.4 (2.33) | 29.8 (2.61) | 36.4 (1.18) | 40.4 (2.60) |
| Near poor | 22.7 (0.53) | 19.2 (0.77) | 22.5 (0.91) | 24.3 (2.52) | 23.3 (1.58) | 21.8 (2.11) | 26.4 (0.98) | 32.9 (2.52) |
| Not poor | 11.0 (0.21) | 8.5 (0.23) | 11.9 (0.59) | 18.8 (2.18) | 12.5 (0.68) | 17.1 (1.43) | 15.8 (0.54) | 21.1 (1.58) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 13.8 (0.22) | 10.2 (0.25) | 17.1 (0.71) | 21.2 (2.53) | 15.4 (0.73) | 18.7 (1.63) | 19.4 (0.50) | 27.2 (1.44) |
| Rented | 24.6 (0.38) | 19.8 (0.64) | 25.4 (0.66) | 23.8 (1.74) | 21.4 (1.25) | 23.5 (1.48) | 31.2 (0.87) | 35.9 (2.36) |
| Some other arrangement | 21.0 (1.35) | 16.2 (1.89) | 23.2 (2.57) | 35.1 (10.06) | 22.3 (5.23) | *30.0 (12.20) | 23.4 (3.49) | *30.8 (9.51) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 11.6 (0.19) | 9.0 (0.23) | 14.4 (0.57) | 18.4 (2.21) | 13.6 (0.68) | 15.8 (1.56) | 16.4 (0.50) | 20.8 (2.13) |
| Medicaid | 28.6 (0.44) | 24.9 (0.81) | 28.6 (0.79) | 26.9 (2.12) | 26.7 (1.61) | 25.9 (1.84) | 32.5 (0.91) | 35.3 (1.87) |
| Other | 14.5 (1.06) | 10.3 (1.21) | 19.5 (2.88) | *14.6 (7.41) | 18.8 (3.57) | *13.3 (6.11) | 16.0 (2.24) | 27.6 (7.42) |
| Uninsured | 23.4 (0.64) | 19.9 (1.03) | 25.2 (1.45) | 22.5 (3.97) | 21.0 (2.31) | 25.5 (2.92) | 27.1 (1.17) | 31.0 (2.86) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 21.0 (0.41) | 14.2 (0.51) | 24.9 (0.80) | 23.0 (2.19) | 21.3 (1.38) | 25.8 (2.12) | 26.6 (0.80) | 33.9 (2.23) |
| Small MSA | 14.6 (0.26) | 10.7 (0.30) | 19.4 (0.69) | 22.6 (2.24) | 14.2 (0.84) | 18.4 (1.58) | 19.7 (0.58) | 28.0 (1.81) |
| Not in MSA | 18.9 (0.50) | 13.5 (0.62) | 23.6 (1.17) | 24.8 (3.15) | 20.2 (1.14) | 23.1 (2.08) | 25.5 (1.32) | 27.6 (2.40) |
| Region | | | | | | | | |
| Northeast | 16.5 (0.47) | 11.0 (0.53) | 23.6 (1.20) | 27.8 (3.74) | 17.8 (1.84) | 22.2 (2.86) | 20.6 (0.97) | 32.9 (3.32) |
| Midwest | 16.0 (0.40) | 10.8 (0.50) | 21.5 (0.94) | 17.0 (2.46) | 17.3 (1.23) | 19.9 (2.14) | 22.5 (1.03) | 31.2 (3.04) |
| South | 18.0 (0.32) | 12.6 (0.39) | 22.3 (0.76) | 23.9 (2.44) | 19.0 (0.97) | 20.8 (1.81) | 23.8 (0.73) | 29.6 (1.77) |
| West | 17.9 (0.47) | 13.3 (0.54) | 22.0 (1.07) | 25.8 (2.88) | 14.3 (1.14) | 25.5 (2.24) | 23.5 (0.87) | 27.7 (2.47) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Respondent-assessed health status is obtained from a question in the Family Core section of the survey that asked, "Would you say [child's name] health in general was excellent, very good, good, fair, or poor?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to health status and family structure are not included in the column labeled "All children under age 18 in good, fair, or poor health" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to is the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 3. Frequencies of children under age 18 who have ever been told they have one or more chronic conditions, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 ever told of having one or more chronic conditions | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 1,820 | 790 | 366 | 20 | 159 | 72 | 335 | 76 |
| **Sex** | | | | | | | | |
| Male | 1,049 | 454 | 224 | 12 | 83 | 40 | 196 | 40 |
| Female | 771 | 337 | 142 | *9 | 76 | 32 | 139 | *37 |
| **Age** | | | | | | | | |
| 0–4 years | 406 | 198 | 57 | *5 | 39 | *15 | 72 | *20 |
| 5–17 years | 1,414 | 593 | 310 | 15 | 121 | 58 | 263 | 56 |
| 5–11 years | 739 | 361 | 152 | *8 | 67 | 25 | 102 | *25 |
| 12–17 years | 675 | 232 | 157 | *7 | 54 | 33 | 161 | 31 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 266 | 90 | 54 | *5 | 13 | *16 | 79 | 10 |
| Mexican or Mexican American | 173 | 54 | 32 | *4 | *10 | *8 | 58 | *6 |
| Not Hispanic or Latino | 1,554 | 701 | 313 | 15 | 146 | 57 | 256 | 66 |
| White, single race | 1,152 | 599 | 173 | *9 | 125 | 41 | 161 | 44 |
| Black or African American, single race | 288 | 63 | 113 | *6 | 15 | *10 | 68 | 15 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 194 | 48 | 55 | *5 | *10 | *14 | 59 | *3 |
| High school diploma or GED[6] | 405 | 126 | 98 | *4 | 47 | 17 | 104 | *8 |
| More than high school diploma | 1,176 | 614 | 203 | 11 | 101 | 42 | 170 | *35 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 403 | 72 | 184 | *6 | *24 | *21 | 80 | 15 |
| $20,000–$34,999 | 307 | 91 | 84 | *3 | *25 | *20 | 62 | *22 |
| $35,000–$54,999 | 317 | 135 | 62 | *5 | 30 | *13 | 64 | *9 |
| $55,000–$74,999 | 290 | 155 | *22 | *3 | 36 | *10 | 55 | *9 |
| $75,000 or more | 503 | 337 | 14 | *3 | 45 | *9 | 74 | *22 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 404 | 75 | 157 | *5 | 30 | *21 | 93 | *23 |
| Near poor | 370 | 119 | 90 | *5 | 29 | *25 | 80 | 21 |
| Not poor | 1,046 | 597 | 119 | 10 | 100 | 26 | 161 | *33 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1,227 | 654 | 135 | 8 | 113 | 30 | 230 | 58 |
| Rented | 551 | 125 | 224 | 12 | 41 | 40 | 97 | 11 |
| Some other arrangement | 37 | *10 | *6 | *– | *5 | *3 | *5 | *8 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 1,058 | 617 | 134 | *8 | 105 | 23 | 152 | *19 |
| Medicaid | 607 | 122 | 196 | *10 | 42 | 40 | 144 | 53 |
| Other | 35 | 15 | *7 | *– | *2 | *4 | *7 | *1 |
| Uninsured | 118 | 34 | 29 | *3 | *10 | *5 | 32 | *4 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 507 | 184 | 136 | *6 | 36 | 19 | 96 | *30 |
| Small MSA | 956 | 445 | 162 | 10 | 89 | 37 | 176 | 36 |
| Not in MSA | 358 | 161 | 69 | *5 | 34 | 16 | 63 | 10 |
| **Region** | | | | | | | | |
| Northeast | 303 | 158 | 46 | *5 | 25 | *13 | 47 | *10 |
| Midwest | 540 | 249 | 103 | *8 | 59 | *24 | 83 | *14 |
| South | 668 | 250 | 156 | *5 | 59 | 23 | 148 | 27 |
| West | 309 | 134 | 62 | *3 | *16 | *13 | 57 | *25 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of one or more chronic conditions is based on a series of separate questions that asked whether a doctor or health professional had ever said that the selected child had Down syndrome, muscular dystrophy, cystic fibrosis, sickle cell anemia, autism, diabetes, arthritis, congenital heart disease, or any other heart condition. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to chronic conditions and family structure are not included in the column labeled ''All children under age 18 ever told of having one or more chronic conditions'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 4. Percentages (with standard errors) of children under age 18 who have ever been told they had one or more chronic conditions, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 ever told of having one or more chronic conditions | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 2.5 (0.07) | 2.2 (0.10) | 3.1 (0.20) | 1.9 (0.40) | 2.5 (0.26) | 3.2 (0.55) | 2.4 (0.15) | 3.4 (0.59) |
| **Sex** | | | | | | | | |
| Male | 2.8 (0.11) | 2.5 (0.15) | 3.8 (0.30) | 2.0 (0.55) | 2.6 (0.36) | 3.4 (0.77) | 2.7 (0.23) | 3.4 (0.71) |
| Female | 2.2 (0.10) | 2.0 (0.13) | 2.4 (0.23) | *1.8 (0.58) | 2.4 (0.40) | 2.9 (0.78) | 2.1 (0.19) | 3.3 (0.97) |
| **Age** | | | | | | | | |
| 0–4 years | 2.0 (0.13) | 1.8 (0.15) | 2.2 (0.36) | *0.8 (0.28) | 2.8 (0.75) | *2.4 (1.08) | 2.3 (0.32) | *3.9 (1.20) |
| 5–17 years | 2.7 (0.09) | 2.5 (0.12) | 3.3 (0.22) | 3.7 (0.93) | 2.4 (0.27) | 3.5 (0.63) | 2.5 (0.17) | 3.2 (0.69) |
| 5–11 years | 2.6 (0.12) | 2.5 (0.16) | 3.1 (0.32) | *2.7 (0.95) | 2.6 (0.40) | 2.5 (0.67) | 2.5 (0.31) | *3.0 (1.05) |
| 12–17 years | 2.7 (0.12) | 2.4 (0.20) | 3.5 (0.31) | *6.2 (2.26) | 2.2 (0.37) | 4.9 (1.21) | 2.4 (0.20) | 3.3 (0.90) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1.9 (0.12) | 1.6 (0.16) | 2.5 (0.35) | *1.6 (0.57) | 1.3 (0.39) | *3.8 (1.66) | 2.1 (0.21) | 1.9 (0.51) |
| Mexican or Mexican American | 1.8 (0.13) | 1.3 (0.16) | 2.7 (0.53) | *1.9 (0.80) | *1.6 (0.53) | *2.8 (1.22) | 2.1 (0.25) | *1.5 (0.53) |
| Not Hispanic or Latino | 2.6 (0.08) | 2.4 (0.11) | 3.2 (0.22) | 2.1 (0.52) | 2.7 (0.31) | 3.0 (0.56) | 2.6 (0.19) | 3.8 (0.76) |
| White, single race | 2.6 (0.10) | 2.4 (0.13) | 3.3 (0.31) | *2.0 (0.63) | 3.0 (0.37) | 3.1 (0.72) | 2.5 (0.23) | 4.8 (1.24) |
| Black or African American, single race | 2.7 (0.18) | 2.9 (0.42) | 2.8 (0.32) | *3.3 (1.32) | 1.7 (0.44) | *2.4 (0.77) | 2.9 (0.39) | 2.2 (0.61) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 2.1 (0.17) | 1.7 (0.26) | 2.4 (0.37) | *2.3 (0.99) | *2.0 (0.74) | *2.9 (1.45) | 2.0 (0.28) | *1.7 (0.84) |
| High school diploma or GED[6] | 2.5 (0.15) | 2.2 (0.24) | 2.9 (0.33) | *1.1 (0.50) | 2.6 (0.59) | 2.1 (0.58) | 2.8 (0.32) | *3.2 (1.30) |
| More than high school diploma | 2.6 (0.09) | 2.3 (0.12) | 3.6 (0.31) | 2.5 (0.68) | 2.6 (0.30) | 4.3 (0.94) | 2.4 (0.21) | *7.5 (2.50) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 3.1 (0.18) | 2.4 (0.35) | 3.1 (0.27) | *2.1 (0.88) | 3.6 (1.06) | *4.0 (1.38) | 3.7 (0.46) | 3.1 (0.82) |
| $20,000–$34,999 | 2.4 (0.17) | 2.0 (0.24) | 2.7 (0.35) | *1.1 (0.64) | *2.2 (0.67) | *3.7 (1.44) | 2.5 (0.39) | *4.3 (1.47) |
| $35,000–$54,999 | 2.3 (0.16) | 2.1 (0.22) | 3.4 (0.56) | *1.9 (0.83) | 1.9 (0.41) | *2.3 (0.80) | 2.3 (0.34) | *1.7 (0.63) |
| $55,000–$74,999 | 2.7 (0.20) | 2.5 (0.27) | *3.4 (1.03) | *2.6 (1.38) | 3.0 (0.65) | *3.4 (1.23) | 2.6 (0.54) | *2.9 (0.98) |
| $75,000 or more | 2.2 (0.13) | 2.3 (0.16) | 2.5 (0.73) | *3.1 (1.88) | 2.5 (0.53) | *2.5 (1.01) | 1.7 (0.24) | *4.9 (2.13) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 3.0 (0.19) | 2.3 (0.34) | 3.1 (0.30) | *1.6 (0.89) | 3.7 (1.03) | *3.6 (1.29) | 3.3 (0.40) | *3.7 (1.19) |
| Near poor | 2.3 (0.16) | 2.0 (0.24) | 2.7 (0.38) | *1.5 (0.65) | 1.8 (0.48) | *3.8 (1.24) | 2.2 (0.32) | 3.0 (0.81) |
| Not poor | 2.4 (0.09) | 2.3 (0.12) | 3.3 (0.34) | 2.5 (0.72) | 2.6 (0.34) | 2.6 (0.57) | 2.2 (0.20) | *3.4 (1.05) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 2.5 (0.09) | 2.3 (0.12) | 3.1 (0.33) | 2.1 (0.58) | 2.6 (0.34) | 3.2 (0.75) | 2.4 (0.18) | 3.8 (0.77) |
| Rented | 2.5 (0.12) | 2.0 (0.19) | 3.1 (0.25) | 1.9 (0.56) | 2.2 (0.45) | 3.2 (0.80) | 2.5 (0.27) | 1.6 (0.48) |
| Some other arrangement | 2.6 (0.59) | *1.7 (0.58) | *1.6 (0.54) | *– | *3.7 (1.86) | *5.9 (4.64) | *2.7 (1.02) | *12.9 (9.11) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 2.3 (0.09) | 2.3 (0.12) | 2.7 (0.29) | *2.0 (0.62) | 2.6 (0.34) | 2.7 (0.64) | 2.0 (0.19) | *2.7 (1.21) |
| Medicaid | 3.2 (0.16) | 2.6 (0.28) | 3.5 (0.30) | *1.8 (0.54) | 2.9 (0.61) | 4.0 (1.04) | 3.3 (0.31) | 4.5 (0.89) |
| Other | 2.2 (0.37) | 2.0 (0.50) | *2.6 (0.96) | *– | *0.8 (0.49) | *7.2 (4.50) | *2.8 (0.99) | *1.6 (1.22) |
| Uninsured | 1.7 (0.18) | 1.2 (0.23) | 2.7 (0.51) | *2.7 (1.63) | *1.7 (0.64) | *1.5 (0.78) | 1.9 (0.42) | *1.1 (0.59) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 2.4 (0.13) | 2.2 (0.20) | 2.9 (0.28) | *1.6 (0.64) | 2.3 (0.45) | 2.9 (0.71) | 2.1 (0.23) | *3.8 (1.29) |
| Small MSA | 2.5 (0.10) | 2.2 (0.12) | 3.1 (0.32) | 2.1 (0.60) | 2.8 (0.40) | 3.6 (1.04) | 2.5 (0.21) | 3.7 (0.84) |
| Not in MSA | 2.6 (0.16) | 2.5 (0.26) | 3.2 (0.45) | *2.1 (0.94) | 2.2 (0.51) | 2.8 (0.73) | 2.9 (0.47) | 2.0 (0.55) |
| **Region** | | | | | | | | |
| Northeast | 2.3 (0.16) | 2.4 (0.25) | 2.1 (0.32) | *2.6 (1.18) | 3.1 (0.82) | *3.7 (1.90) | 1.8 (0.26) | *3.0 (0.94) |
| Midwest | 3.1 (0.18) | 2.9 (0.24) | 3.6 (0.48) | *2.7 (0.95) | 3.7 (0.68) | *3.9 (1.26) | 3.0 (0.39) | *3.2 (1.78) |
| South | 2.5 (0.12) | 2.0 (0.15) | 3.2 (0.32) | *1.6 (0.62) | 2.2 (0.34) | 2.7 (0.68) | 3.1 (0.30) | 2.8 (0.64) |
| West | 1.9 (0.13) | 1.7 (0.17) | 2.9 (0.39) | *1.0 (0.50) | *1.3 (0.50) | *2.8 (0.89) | 1.6 (0.21) | *4.8 (1.64) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with

related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of one or more chronic conditions is based on a series of separate questions that asked whether a doctor or health professional had ever said that the selected child had Down syndrome, muscular dystrophy, cystic fibrosis, sickle cell anemia, autism, diabetes, arthritis, congenital heart disease, or any other heart condition. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to chronic conditions and family structure are not included in the column labeled "All children under age 18 ever told of having one or more chronic conditions" (see Appendix I).

[3]Total includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 5. Frequencies of children under age 18 who have ever been told they have asthma, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 who have ever been told they have asthma | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 9,299 | 3,631 | 2,071 | 118 | 879 | 315 | 1,920 | 364 |
| Sex | | | | | | | | |
| Male | 5,496 | 2,210 | 1,173 | 74 | 502 | 203 | 1,146 | 188 |
| Female | 3,802 | 1,421 | 898 | 44 | 377 | 112 | 774 | 175 |
| Age | | | | | | | | |
| 0–4 years | 1,571 | 630 | 372 | 51 | 100 | 76 | 292 | 50 |
| 5–17 years | 7,728 | 3,001 | 1,699 | 67 | 780 | 239 | 1,628 | 314 |
| 5–11 years | 3,890 | 1,662 | 900 | 46 | 412 | 131 | 596 | 143 |
| 12–17 years | 3,838 | 1,339 | 799 | 21 | 368 | 108 | 1,032 | 171 |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 1,611 | 518 | 394 | 26 | 127 | 60 | 426 | 61 |
| Mexican or Mexican American | 912 | 326 | 168 | 13 | 68 | 33 | 266 | 38 |
| Not Hispanic or Latino | 7,687 | 3,113 | 1,677 | 92 | 752 | 255 | 1,494 | 303 |
| White, single race | 5,130 | 2,510 | 780 | 53 | 563 | 149 | 930 | 147 |
| Black or African American, single race | 1,862 | 327 | 756 | 28 | 140 | 71 | 407 | 132 |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 1,180 | 215 | 456 | 22 | 66 | 69 | 330 | 22 |
| High school diploma or GED[6] | 2,105 | 628 | 545 | 50 | 244 | 110 | 497 | 30 |
| More than high school diploma | 5,669 | 2,781 | 975 | 46 | 565 | 132 | 1,070 | 101 |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 2,012 | 291 | 1,102 | 32 | 101 | 75 | 335 | 77 |
| $20,000–$34,999 | 1,667 | 438 | 520 | 32 | 166 | 83 | 332 | 96 |
| $35,000–$54,999 | 1,692 | 619 | 273 | 28 | 256 | 88 | 368 | 60 |
| $55,000–$74,999 | 1,341 | 674 | 98 | 13 | 151 | 43 | 302 | 60 |
| $75,000 or more | 2,586 | 1,609 | 79 | 13 | 206 | 26 | 583 | 71 |
| Poverty status[8] | | | | | | | | |
| Poor | 2,016 | 330 | 945 | 27 | 121 | 86 | 419 | 88 |
| Near poor | 2,147 | 554 | 583 | 47 | 247 | 106 | 480 | 131 |
| Not poor | 5,135 | 2,747 | 542 | 44 | 512 | 124 | 1,021 | 145 |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 5,888 | 2,962 | 657 | 49 | 560 | 110 | 1,305 | 244 |
| Rented | 3,204 | 605 | 1,361 | 67 | 291 | 199 | 575 | 106 |
| Some other arrangement | 179 | 56 | 51 | *2 | 22 | *6 | 32 | *12 |
| Health insurance coverage[10] | | | | | | | | |
| Private | 5,420 | 2,795 | 750 | 58 | 556 | 101 | 1,032 | 128 |
| Medicaid | 3,012 | 536 | 1,132 | 52 | 220 | 168 | 707 | 197 |
| Other | 184 | 79 | 35 | *– | 23 | *5 | 38 | *3 |
| Uninsured | 657 | 213 | 152 | *7 | 77 | 41 | 133 | 33 |
| Place of residence[11] | | | | | | | | |
| Large MSA | 2,768 | 807 | 868 | 37 | 226 | 80 | 614 | 135 |
| Small MSA | 4,900 | 2,205 | 892 | 62 | 450 | 138 | 994 | 159 |
| Not in MSA | 1,631 | 619 | 311 | *19 | 202 | 97 | 311 | 71 |
| Region | | | | | | | | |
| Northeast | 1,929 | 795 | 443 | 31 | 144 | 48 | 400 | 66 |
| Midwest | 2,137 | 868 | 510 | 36 | 198 | 65 | 375 | 86 |
| South | 3,363 | 1,247 | 766 | 30 | 354 | 130 | 689 | 147 |
| West | 1,870 | 721 | 353 | 21 | 183 | 72 | 456 | 65 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Ever told had asthma is based on the question, ''Has a doctor or other health professional ever told you that [child's name] had asthma?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to asthma and family structure are not included in the column labeled ''All children under age 18 who have ever been told they have asthma'' (see Appendix I).

[3]Total includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 6. Percentages (with standard errors) of children under age 18 who have ever been told they have asthma, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 who have ever been told they have asthma | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 12.7 (0.16) | 10.3 (0.20) | 17.3 (0.41) | 11.1 (1.04) | 13.9 (0.57) | 13.9 (0.91) | 13.9 (0.35) | 16.1 (1.06) |
| Sex | | | | | | | | |
| Male | 14.7 (0.23) | 12.2 (0.30) | 19.8 (0.61) | 13.3 (1.53) | 15.6 (0.78) | 17.3 (1.41) | 16.0 (0.52) | 16.3 (1.40) |
| Female | 10.7 (0.21) | 8.3 (0.27) | 14.9 (0.52) | 8.7 (1.38) | 12.2 (0.82) | 10.3 (1.10) | 11.6 (0.48) | 15.9 (1.64) |
| Age | | | | | | | | |
| 0–4 years | 7.8 (0.23) | 5.6 (0.27) | 14.8 (0.79) | 7.8 (1.00) | 7.2 (0.93) | 12.3 (1.63) | 9.3 (0.58) | 9.5 (1.45) |
| 5–17 years | 14.6 (0.20) | 12.5 (0.27) | 18.0 (0.47) | 16.4 (2.14) | 15.8 (0.66) | 14.5 (1.08) | 15.2 (0.42) | 18.1 (1.29) |
| 5–11 years | 13.8 (0.27) | 11.5 (0.34) | 18.3 (0.66) | 15.6 (2.33) | 16.1 (0.97) | 13.4 (1.34) | 14.5 (0.67) | 17.3 (1.62) |
| 12–17 years | 15.5 (0.30) | 13.9 (0.45) | 17.7 (0.66) | 18.6 (4.70) | 15.5 (0.92) | 16.2 (1.85) | 15.6 (0.53) | 18.8 (2.01) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 11.7 (0.31) | 9.2 (0.42) | 18.7 (0.90) | 7.9 (1.29) | 12.9 (1.14) | 14.5 (2.09) | 11.2 (0.55) | 11.6 (1.57) |
| Mexican or Mexican American | 9.6 (0.34) | 8.0 (0.47) | 14.4 (1.10) | 5.8 (1.45) | 10.2 (1.31) | 12.3 (2.51) | 9.9 (0.64) | 9.9 (1.62) |
| Not Hispanic or Latino | 13.0 (0.18) | 10.5 (0.23) | 17.1 (0.45) | 12.6 (1.39) | 14.1 (0.64) | 13.8 (1.00) | 14.9 (0.43) | 17.4 (1.29) |
| White, single race | 11.8 (0.21) | 10.1 (0.25) | 15.1 (0.61) | 11.2 (1.75) | 13.4 (0.71) | 11.2 (1.10) | 14.3 (0.55) | 16.1 (1.82) |
| Black or African American, single race | 17.5 (0.43) | 15.0 (0.89) | 19.0 (0.71) | 16.0 (2.77) | 16.5 (1.59) | 18.1 (2.40) | 17.1 (0.84) | 19.8 (2.10) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 12.6 (0.44) | 7.7 (0.63) | 19.5 (0.98) | 9.3 (2.03) | 13.0 (1.93) | 14.8 (2.11) | 11.5 (0.73) | 12.5 (2.76) |
| High school diploma or GED[6] | 13.0 (0.31) | 10.7 (0.51) | 16.0 (0.70) | 12.7 (1.93) | 13.7 (1.15) | 13.5 (1.42) | 13.2 (0.61) | 12.3 (3.22) |
| More than high school diploma | 12.6 (0.20) | 10.5 (0.24) | 17.3 (0.58) | 10.8 (1.55) | 14.3 (0.68) | 13.7 (1.38) | 15.3 (0.52) | 21.7 (3.31) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 15.6 (0.39) | 9.8 (0.66) | 18.8 (0.60) | 10.3 (2.01) | 15.3 (1.74) | 14.2 (1.72) | 15.5 (0.87) | 16.3 (2.25) |
| $20,000–$34,999 | 13.2 (0.41) | 9.5 (0.57) | 16.8 (0.79) | 11.2 (2.10) | 14.6 (1.53) | 15.6 (2.26) | 13.5 (0.95) | 18.4 (2.26) |
| $35,000–$54,999 | 12.1 (0.40) | 9.5 (0.46) | 15.1 (1.05) | 11.0 (2.58) | 16.4 (1.36) | 16.4 (2.05) | 13.1 (0.83) | 11.6 (1.81) |
| $55,000–$74,999 | 12.3 (0.44) | 10.8 (0.54) | 15.4 (1.71) | 11.6 (2.88) | 12.6 (1.16) | 14.6 (2.77) | 14.3 (1.04) | 19.5 (4.17) |
| $75,000 or more | 11.5 (0.28) | 10.8 (0.33) | 14.3 (1.76) | 13.5 (3.38) | 11.7 (0.92) | 7.0 (1.46) | 13.5 (0.62) | 16.1 (2.58) |
| Poverty status[8] | | | | | | | | |
| Poor | 14.9 (0.40) | 10.0 (0.69) | 18.9 (0.66) | 9.6 (2.12) | 14.6 (1.73) | 14.9 (1.86) | 14.6 (0.84) | 14.4 (2.07) |
| Near poor | 13.2 (0.38) | 9.3 (0.50) | 17.2 (0.79) | 12.9 (2.25) | 15.4 (1.42) | 15.8 (1.95) | 13.4 (0.80) | 18.7 (2.30) |
| Not poor | 11.9 (0.19) | 10.6 (0.24) | 15.3 (0.65) | 10.6 (1.45) | 13.2 (0.65) | 12.1 (1.21) | 13.8 (0.46) | 15.3 (1.49) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 12.0 (0.19) | 10.5 (0.24) | 15.3 (0.62) | 12.5 (1.94) | 13.1 (0.66) | 11.9 (1.31) | 13.5 (0.41) | 16.0 (1.25) |
| Rented | 14.6 (0.29) | 9.5 (0.43) | 18.8 (0.55) | 10.5 (1.30) | 15.3 (1.08) | 15.6 (1.34) | 14.7 (0.66) | 16.0 (1.97) |
| Some other arrangement | 12.7 (1.05) | 9.3 (1.41) | 14.3 (2.17) | *7.5 (4.36) | 16.3 (3.77) | *12.7 (5.90) | 15.7 (2.82) | *19.8 (8.89) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 12.0 (0.19) | 10.4 (0.24) | 15.3 (0.59) | 15.5 (1.84) | 13.7 (0.66) | 11.7 (1.31) | 13.9 (0.46) | 18.7 (2.24) |
| Medicaid | 16.0 (0.35) | 11.4 (0.61) | 20.0 (0.65) | 9.3 (1.45) | 15.3 (1.33) | 16.5 (1.52) | 16.4 (0.70) | 17.0 (1.45) |
| Other | 11.5 (0.89) | 10.3 (1.41) | 13.6 (2.24) | *– | 10.9 (2.37) | *9.3 (3.97) | 15.5 (2.30) | *6.7 (2.69) |
| Uninsured | 9.4 (0.42) | 7.6 (0.59) | 14.0 (1.22) | 6.6 (1.97) | 13.1 (1.84) | 12.7 (2.21) | 7.7 (0.68) | 9.7 (1.94) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 13.2 (0.29) | 9.6 (0.38) | 18.7 (0.66) | 9.8 (1.53) | 14.7 (1.14) | 12.2 (1.49) | 13.6 (0.57) | 17.1 (2.08) |
| Small MSA | 12.7 (0.22) | 10.7 (0.28) | 17.3 (0.63) | 13.4 (1.70) | 14.2 (0.80) | 13.4 (1.37) | 13.9 (0.51) | 16.3 (1.50) |
| Not in MSA | 12.0 (0.37) | 9.7 (0.47) | 14.6 (0.87) | 8.7 (2.49) | 12.6 (1.12) | 16.9 (1.93) | 14.2 (0.92) | 14.2 (1.97) |
| Region | | | | | | | | |
| Northeast | 14.8 (0.41) | 12.1 (0.54) | 20.7 (1.01) | 17.2 (2.80) | 18.0 (1.65) | 13.6 (1.93) | 15.3 (0.84) | 20.4 (2.79) |
| Midwest | 12.4 (0.35) | 10.0 (0.40) | 18.0 (0.90) | 12.7 (2.46) | 12.3 (1.13) | 10.7 (1.76) | 13.6 (0.86) | 19.2 (2.95) |
| South | 12.6 (0.26) | 10.2 (0.34) | 15.9 (0.62) | 9.2 (1.63) | 13.3 (0.88) | 15.3 (1.54) | 14.2 (0.56) | 14.9 (1.48) |
| West | 11.6 (0.30) | 9.2 (0.38) | 16.3 (0.87) | 7.8 (1.48) | 14.7 (1.26) | 15.7 (2.10) | 12.5 (0.65) | 12.8 (1.98) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Ever told had asthma is obtained from the question, "Has a doctor or other health professional ever told you that [child's name] had asthma?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to asthma and family structure are not included in the column labeled "All children under age 18 who have ever been told they have asthma'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as "non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 7. Frequencies of children under age 18 with hay fever in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with hay fever in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 7,232 | 3,632 | 1,171 | 61 | 634 | 181 | 1,331 | 222 |
| **Sex** | | | | | | | | |
| Male | 3,963 | 2,023 | 639 | 37 | 339 | 87 | 722 | 118 |
| Female | 3,268 | 1,609 | 533 | 24 | 295 | 94 | 609 | 105 |
| **Age** | | | | | | | | |
| 0–4 years | 912 | 517 | 121 | 22 | 59 | 27 | 130 | 35 |
| 5–17 years | 6,320 | 3,115 | 1,050 | 39 | 574 | 154 | 1,200 | 187 |
| 5–11 years | 2,963 | 1,649 | 475 | 29 | 270 | 76 | 373 | 91 |
| 12–17 years | 3,356 | 1,467 | 575 | *10 | 305 | 77 | 827 | 96 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1,047 | 430 | 172 | 19 | 87 | 28 | 272 | 40 |
| Mexican or Mexican American | 692 | 299 | 89 | 14 | 61 | 21 | 185 | 23 |
| Not Hispanic or Latino | 6,185 | 3,202 | 999 | 43 | 547 | 153 | 1,059 | 182 |
| White, single race | 4,889 | 2,782 | 619 | 34 | 461 | 102 | 787 | 104 |
| Black or African American, single race | 826 | 172 | 313 | *6 | 55 | 30 | 188 | 63 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 582 | 160 | 152 | 12 | 31 | 35 | 181 | *10 |
| High school diploma or GED[6] | 1,276 | 464 | 245 | 18 | 145 | 59 | 322 | *24 |
| More than high school diploma | 5,158 | 3,001 | 725 | 31 | 450 | 86 | 818 | 46 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 1,005 | 215 | 490 | 17 | 41 | 36 | 163 | 43 |
| $20,000–$34,999 | 1,030 | 364 | 295 | 19 | 99 | 34 | 173 | 48 |
| $35,000–$54,999 | 1,352 | 600 | 230 | 13 | 145 | 47 | 261 | 57 |
| $55,000–$74,999 | 1,105 | 595 | 83 | *6 | 142 | 27 | 223 | 29 |
| $75,000 or more | 2,739 | 1,858 | 74 | *6 | 207 | 37 | 512 | 45 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 990 | 252 | 395 | *14 | 50 | 35 | 193 | 49 |
| Near poor | 1,354 | 476 | 314 | 23 | 140 | 36 | 293 | 73 |
| Not poor | 4,888 | 2,904 | 462 | 24 | 444 | 110 | 844 | 100 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 5,404 | 3,109 | 537 | 25 | 464 | 92 | 1,029 | 149 |
| Rented | 1,656 | 449 | 598 | 36 | 153 | 86 | 269 | 65 |
| Some other arrangement | 150 | 64 | 34 | *– | *11 | *2 | 29 | *8 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 5,072 | 3,003 | 594 | 24 | 455 | 75 | 855 | 66 |
| Medicaid | 1,465 | 352 | 455 | 32 | 103 | 75 | 326 | 123 |
| Other | 134 | 69 | 23 | *1 | *10 | *3 | 20 | *9 |
| Uninsured | 549 | 204 | 99 | *5 | 64 | 26 | 127 | 23 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 1,859 | 774 | 424 | 17 | 138 | 48 | 390 | 68 |
| Small MSA | 3,998 | 2,166 | 527 | 35 | 353 | 85 | 739 | 93 |
| Not in MSA | 1,375 | 692 | 220 | *10 | 143 | 48 | 202 | 61 |
| **Region** | | | | | | | | |
| Northeast | 1,250 | 638 | 210 | *7 | 90 | 29 | 257 | 20 |
| Midwest | 1,564 | 819 | 258 | 17 | 135 | 35 | 259 | 41 |
| South | 2,656 | 1,305 | 438 | 21 | 263 | 68 | 444 | 116 |
| West | 1,762 | 871 | 266 | 16 | 145 | 49 | 371 | 45 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with

related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of hay fever is based on the question, ''During the past 12 months, has [child's name] had hay fever?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to hay fever and family structure are not included in the column labeled ''All children under age 18 with hay fever in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 8. Percentages (with standard errors) of children under age 18 with hay fever in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with hay fever in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 9.9 (0.15) | 10.3 (0.22) | 9.8 (0.32) | 5.8 (0.73) | 10.0 (0.49) | 8.0 (0.63) | 9.6 (0.28) | 9.8 (0.83) |
| Sex | | | | | | | | |
| Male | 10.6 (0.21) | 11.2 (0.31) | 10.8 (0.47) | 6.6 (1.13) | 10.5 (0.73) | 7.4 (0.81) | 10.1 (0.38) | 10.2 (1.18) |
| Female | 9.2 (0.19) | 9.4 (0.27) | 8.9 (0.42) | 4.9 (0.86) | 9.6 (0.67) | 8.6 (1.00) | 9.1 (0.40) | 9.4 (1.13) |
| Age | | | | | | | | |
| 0–4 years | 4.6 (0.18) | 4.6 (0.24) | 4.8 (0.46) | 3.4 (0.64) | 4.3 (0.74) | 4.3 (0.95) | 4.2 (0.39) | 6.8 (1.39) |
| 5–17 years | 12.0 (0.19) | 13.0 (0.29) | 11.2 (0.37) | 9.6 (1.60) | 11.6 (0.59) | 9.3 (0.80) | 11.2 (0.34) | 10.7 (0.99) |
| 5–11 years | 10.5 (0.24) | 11.4 (0.35) | 9.7 (0.48) | 9.7 (1.91) | 10.6 (0.83) | 7.8 (0.93) | 9.1 (0.50) | 11.0 (1.38) |
| 12–17 years | 13.6 (0.27) | 15.3 (0.47) | 12.8 (0.56) | *9.2 (2.81) | 12.8 (0.82) | 11.6 (1.48) | 12.5 (0.45) | 10.4 (1.36) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 7.6 (0.24) | 7.6 (0.38) | 8.2 (0.55) | 5.6 (1.06) | 8.8 (1.01) | 6.7 (1.16) | 7.1 (0.39) | 7.7 (1.17) |
| Mexican or Mexican American | 7.3 (0.29) | 7.4 (0.47) | 7.7 (0.70) | 6.1 (1.33) | 9.1 (1.19) | 7.8 (1.53) | 6.9 (0.45) | 6.1 (1.16) |
| Not Hispanic or Latino | 10.5 (0.17) | 10.8 (0.25) | 10.2 (0.36) | 5.9 (0.95) | 10.3 (0.56) | 8.3 (0.74) | 10.6 (0.36) | 10.4 (1.02) |
| White, single race | 11.2 (0.20) | 11.2 (0.27) | 12.0 (0.53) | 7.2 (1.34) | 10.9 (0.65) | 7.8 (0.85) | 12.2 (0.48) | 11.4 (1.40) |
| Black or African American, single race | 7.8 (0.31) | 7.9 (0.65) | 7.9 (0.50) | *3.4 (1.28) | 6.5 (1.01) | 7.6 (1.48) | 7.9 (0.60) | 9.3 (1.65) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 6.2 (0.28) | 5.7 (0.52) | 6.5 (0.58) | 5.3 (1.50) | 6.2 (1.18) | 7.6 (1.44) | 6.3 (0.50) | *5.7 (2.12) |
| High school diploma or GED[6] | 7.9 (0.26) | 7.9 (0.45) | 7.2 (0.48) | 4.6 (1.05) | 8.1 (0.84) | 7.2 (1.04) | 8.6 (0.51) | *9.8 (2.96) |
| More than high school diploma | 11.5 (0.20) | 11.4 (0.26) | 12.9 (0.51) | 7.1 (1.31) | 11.4 (0.67) | 8.9 (0.97) | 11.8 (0.43) | 10.0 (2.08) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 7.8 (0.27) | 7.3 (0.58) | 8.4 (0.43) | 5.5 (1.48) | 6.2 (1.06) | 6.8 (1.19) | 7.6 (0.62) | 9.0 (1.81) |
| $20,000–$34,999 | 8.2 (0.32) | 7.9 (0.52) | 9.5 (0.63) | 6.6 (1.68) | 8.7 (1.06) | 6.3 (1.47) | 7.0 (0.58) | 9.2 (1.73) |
| $35,000–$54,999 | 9.6 (0.32) | 9.2 (0.48) | 12.7 (0.96) | 5.0 (1.30) | 9.3 (1.05) | 8.6 (1.61) | 9.3 (0.62) | 11.1 (1.88) |
| $55,000–$74,999 | 10.2 (0.39) | 9.6 (0.53) | 13.2 (1.61) | *5.2 (2.08) | 11.9 (1.23) | 9.1 (2.37) | 10.6 (0.82) | 9.3 (1.92) |
| $75,000 or more | 12.2 (0.28) | 12.4 (0.35) | 13.3 (1.58) | *6.9 (2.34) | 11.8 (1.06) | 10.1 (1.83) | 11.9 (0.56) | 10.1 (2.17) |
| Poverty status[8] | | | | | | | | |
| Poor | 7.3 (0.28) | 7.6 (0.64) | 7.9 (0.48) | *5.2 (1.56) | 6.1 (1.15) | 6.0 (1.12) | 6.7 (0.54) | 8.0 (1.61) |
| Near poor | 8.3 (0.29) | 8.0 (0.50) | 9.2 (0.58) | 6.3 (1.40) | 8.7 (0.91) | 5.4 (1.42) | 8.2 (0.60) | 10.4 (1.59) |
| Not poor | 11.3 (0.20) | 11.2 (0.26) | 13.1 (0.63) | 5.8 (1.06) | 11.4 (0.66) | 10.7 (1.25) | 11.4 (0.42) | 10.5 (1.24) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 11.0 (0.19) | 11.1 (0.25) | 12.5 (0.58) | 6.3 (1.18) | 10.9 (0.63) | 9.9 (1.09) | 10.7 (0.36) | 9.8 (0.97) |
| Rented | 7.5 (0.22) | 7.1 (0.39) | 8.3 (0.39) | 5.7 (0.97) | 8.1 (0.73) | 6.8 (0.81) | 6.9 (0.43) | 9.7 (1.69) |
| Some other arrangement | 10.6 (1.13) | 10.9 (1.85) | 9.7 (1.62) | *– | *8.2 (3.08) | *5.1 (3.07) | 14.3 (2.80) | *13.9 (5.35) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 11.2 (0.19) | 11.2 (0.26) | 12.1 (0.52) | 6.4 (1.20) | 11.2 (0.64) | 8.7 (1.11) | 11.5 (0.41) | 9.6 (1.46) |
| Medicaid | 7.8 (0.24) | 7.5 (0.47) | 8.0 (0.44) | 5.7 (1.10) | 7.2 (0.89) | 7.4 (0.93) | 7.6 (0.47) | 10.6 (1.24) |
| Other | 8.4 (0.82) | 9.0 (1.36) | 8.9 (1.97) | *6.4 (6.27) | *4.8 (1.85) | *4.8 (2.75) | 8.1 (1.74) | *18.0 (6.96) |
| Uninsured | 7.8 (0.35) | 7.2 (0.58) | 9.1 (0.91) | *4.4 (1.69) | 10.9 (1.65) | 8.2 (1.73) | 7.4 (0.60) | 6.7 (1.32) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 8.9 (0.25) | 9.2 (0.39) | 9.1 (0.48) | 4.5 (0.93) | 8.9 (0.90) | 7.3 (1.23) | 8.7 (0.44) | 8.5 (1.37) |
| Small MSA | 10.4 (0.21) | 10.6 (0.29) | 10.2 (0.49) | 7.5 (1.37) | 11.1 (0.75) | 8.2 (0.95) | 10.4 (0.42) | 9.5 (1.15) |
| Not in MSA | 10.1 (0.39) | 10.9 (0.59) | 10.3 (0.81) | *4.4 (1.36) | 8.9 (0.89) | 8.3 (1.32) | 9.2 (0.71) | 12.4 (2.12) |
| Region | | | | | | | | |
| Northeast | 9.6 (0.34) | 9.7 (0.48) | 9.8 (0.82) | *3.6 (1.17) | 11.2 (1.46) | 8.2 (1.35) | 9.8 (0.61) | 6.1 (1.36) |
| Midwest | 9.1 (0.28) | 9.5 (0.40) | 9.1 (0.62) | 6.1 (1.74) | 8.4 (0.95) | 5.7 (1.12) | 9.4 (0.65) | 9.2 (2.12) |
| South | 10.0 (0.25) | 10.7 (0.38) | 9.1 (0.48) | 6.6 (1.40) | 9.9 (0.77) | 8.1 (1.07) | 9.2 (0.46) | 11.8 (1.40) |
| West | 10.9 (0.34) | 11.1 (0.50) | 12.3 (0.76) | 5.9 (1.16) | 11.6 (1.05) | 10.6 (1.58) | 10.2 (0.57) | 8.9 (1.46) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with

related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of hay fever is based on the question, "During the past 12 months, has [child's name] had hay fever?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to hay fever and family structure are not included in the column labeled "All children under age 18 with hay fever in the past 12 months" (see Appendix I).

[3]Total includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 9. Frequencies of children under age 18 with respiratory allergies in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with respiratory allergies in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 8,418 | 3,973 | 1,523 | 89 | 754 | 240 | 1,551 | 289 |
| Sex | | | | | | | | |
| Male | 4,688 | 2,239 | 847 | 49 | 439 | 135 | 832 | 146 |
| Female | 3,731 | 1,733 | 676 | 40 | 314 | 105 | 719 | 143 |
| Age | | | | | | | | |
| 0–4 years | 1,506 | 776 | 240 | 43 | 97 | 57 | 235 | 58 |
| 5–17 years | 6,912 | 3,197 | 1,283 | 46 | 657 | 183 | 1,316 | 231 |
| 5–11 years | 3,568 | 1,839 | 649 | 33 | 336 | 100 | 488 | 125 |
| 12–17 years | 3,344 | 1,358 | 634 | 13 | 321 | 83 | 828 | 107 |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 1,132 | 445 | 191 | 24 | 82 | 36 | 302 | 52 |
| Mexican or Mexican American | 746 | 325 | 97 | 12 | 64 | 22 | 194 | 31 |
| Not Hispanic or Latino | 7,286 | 3,528 | 1,332 | 65 | 672 | 204 | 1,249 | 238 |
| White, single race | 5,661 | 3,040 | 803 | 42 | 564 | 155 | 916 | 140 |
| Black or African American, single race | 1,088 | 221 | 441 | 17 | 74 | 31 | 231 | 73 |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 722 | 201 | 213 | 14 | 39 | 30 | 215 | *10 |
| High school diploma or GED[6] | 1,647 | 574 | 381 | 28 | 182 | 85 | 377 | *19 |
| More than high school diploma | 5,787 | 3,187 | 860 | 46 | 526 | 124 | 951 | 93 |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 1,435 | 276 | 727 | 31 | 63 | 53 | 220 | 65 |
| $20,000–$34,999 | 1,358 | 444 | 398 | 21 | 138 | 48 | 244 | 66 |
| $35,000–$54,999 | 1,514 | 681 | 230 | 15 | 177 | 62 | 296 | 54 |
| $55,000–$74,999 | 1,281 | 675 | 87 | *14 | 155 | 34 | 259 | 57 |
| $75,000 or more | 2,831 | 1,897 | 81 | 8 | 221 | 43 | 533 | 47 |
| Poverty status[8] | | | | | | | | |
| Poor | 1,401 | 305 | 588 | 27 | 74 | 56 | 274 | 76 |
| Near poor | 1,676 | 545 | 438 | 25 | 171 | 52 | 355 | 90 |
| Not poor | 5,341 | 3,122 | 497 | 36 | 509 | 132 | 922 | 123 |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 6,099 | 3,369 | 640 | 38 | 550 | 112 | 1,166 | 225 |
| Rented | 2,113 | 526 | 838 | 48 | 182 | 114 | 349 | 55 |
| Some other arrangement | 186 | 70 | 43 | *2 | *16 | *15 | 32 | *9 |
| Health insurance coverage[10] | | | | | | | | |
| Private | 5,521 | 3,200 | 664 | 33 | 512 | 97 | 925 | 90 |
| Medicaid | 2,126 | 471 | 715 | 47 | 157 | 104 | 466 | 167 |
| Other | 158 | 66 | 31 | *1 | 26 | *4 | 26 | *4 |
| Uninsured | 600 | 233 | 111 | *7 | 58 | 34 | 130 | 28 |
| Place of residence[11] | | | | | | | | |
| Large MSA | 2,123 | 851 | 493 | 20 | 170 | 58 | 438 | 92 |
| Small MSA | 4,555 | 2,327 | 726 | 46 | 390 | 122 | 825 | 119 |
| Not in MSA | 1,740 | 795 | 304 | 22 | 194 | 61 | 287 | 79 |
| Region | | | | | | | | |
| Northeast | 1,398 | 686 | 262 | 11 | 107 | 26 | 268 | 37 |
| Midwest | 1,830 | 897 | 327 | 23 | 155 | 61 | 302 | 65 |
| South | 3,748 | 1,697 | 716 | 32 | 377 | 110 | 659 | 156 |
| West | 1,442 | 692 | 218 | *22 | 115 | 43 | 321 | 31 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of respiratory allergies is based on the question, ''During the past 12 months, has [child's name] had any kind of respiratory allergy?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to respiratory allergies and family structure are not included in the column labeled ''All children under age 18 with respiratory allergies in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 10. Percentages (with standard errors) of children under age 18 with respiratory allergies in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with respiratory allergies in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 11.6 (0.15) | 11.3 (0.22) | 12.8 (0.35) | 8.4 (0.99) | 12.0 (0.53) | 10.6 (0.79) | 11.2 (0.31) | 12.8 (1.12) |
| Sex | | | | | | | | |
| Male | 12.6 (0.21) | 12.4 (0.31) | 14.3 (0.53) | 8.7 (1.28) | 13.7 (0.77) | 11.6 (1.16) | 11.6 (0.42) | 12.6 (1.38) |
| Female | 10.5 (0.21) | 10.1 (0.29) | 11.2 (0.46) | 8.0 (1.51) | 10.2 (0.69) | 9.6 (1.08) | 10.8 (0.47) | 12.9 (1.76) |
| Age | | | | | | | | |
| 0–4 years | 7.5 (0.23) | 6.9 (0.30) | 9.6 (0.71) | 6.6 (1.20) | 7.1 (0.93) | 9.3 (1.31) | 7.5 (0.55) | 11.1 (1.77) |
| 5–17 years | 13.1 (0.19) | 13.3 (0.28) | 13.6 (0.40) | 11.2 (1.64) | 13.3 (0.61) | 11.1 (0.97) | 12.3 (0.38) | 13.3 (1.35) |
| 5–11 years | 12.7 (0.25) | 12.7 (0.35) | 13.2 (0.55) | 11.0 (1.92) | 13.1 (0.86) | 10.2 (1.30) | 11.9 (0.62) | 15.1 (1.66) |
| 12–17 years | 13.5 (0.27) | 14.2 (0.44) | 14.1 (0.59) | 11.8 (3.21) | 13.5 (0.84) | 12.6 (1.47) | 12.6 (0.49) | 11.6 (1.73) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 8.2 (0.25) | 7.9 (0.38) | 9.1 (0.61) | 7.2 (1.93) | 8.3 (0.91) | 8.8 (1.39) | 7.9 (0.42) | 9.9 (1.60) |
| Mexican or Mexican American | 7.9 (0.30) | 8.0 (0.46) | 8.4 (0.81) | 5.5 (1.33) | 9.6 (1.17) | 8.3 (1.69) | 7.2 (0.46) | 8.1 (1.67) |
| Not Hispanic or Latino | 12.3 (0.18) | 11.9 (0.25) | 13.6 (0.41) | 8.9 (1.12) | 12.6 (0.60) | 11.0 (0.91) | 12.5 (0.41) | 13.6 (1.38) |
| White, single race | 13.0 (0.21) | 12.2 (0.27) | 15.5 (0.60) | 9.0 (1.46) | 13.4 (0.71) | 11.8 (1.16) | 14.1 (0.54) | 15.3 (2.07) |
| Black or African American, single race | 10.2 (0.35) | 10.1 (0.70) | 11.1 (0.58) | 9.5 (2.05) | 8.7 (1.10) | 7.7 (1.63) | 9.7 (0.64) | 10.9 (1.72) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 7.7 (0.34) | 7.2 (0.59) | 9.1 (0.68) | 5.9 (1.68) | 7.7 (1.51) | 6.6 (1.33) | 7.5 (0.64) | *5.8 (2.32) |
| High school diploma or GED[6] | 10.1 (0.29) | 9.8 (0.47) | 11.2 (0.62) | 7.1 (1.30) | 10.2 (0.97) | 10.4 (1.46) | 10.1 (0.54) | 7.9 (2.34) |
| More than high school diploma | 12.9 (0.20) | 12.1 (0.26) | 15.3 (0.54) | 10.8 (1.88) | 13.3 (0.68) | 12.9 (1.29) | 13.7 (0.49) | 20.0 (3.83) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 11.1 (0.36) | 9.3 (0.68) | 12.5 (0.51) | 9.9 (1.90) | 9.6 (1.39) | 10.1 (1.83) | 10.2 (0.71) | 13.7 (2.25) |
| $20,000–$34,999 | 10.8 (0.34) | 9.6 (0.52) | 12.9 (0.69) | 7.3 (1.66) | 12.2 (1.34) | 9.0 (1.60) | 9.9 (0.83) | 12.7 (2.02) |
| $35,000–$54,999 | 10.8 (0.34) | 10.4 (0.49) | 12.7 (0.94) | 5.9 (1.50) | 11.3 (1.07) | 11.5 (1.75) | 10.5 (0.71) | 10.4 (1.88) |
| $55,000–$74,999 | 11.8 (0.41) | 10.9 (0.48) | 13.8 (1.62) | *12.2 (4.95) | 12.9 (1.39) | 11.6 (2.46) | 12.3 (1.05) | 18.5 (4.14) |
| $75,000 or more | 12.6 (0.28) | 12.7 (0.36) | 14.5 (1.86) | 8.7 (2.49) | 12.6 (0.97) | 11.8 (2.02) | 12.4 (0.56) | 10.7 (2.17) |
| Poverty status[8] | | | | | | | | |
| Poor | 10.4 (0.37) | 9.2 (0.67) | 11.8 (0.57) | 9.8 (2.06) | 9.0 (1.37) | 9.8 (1.84) | 9.5 (0.72) | 12.4 (2.06) |
| Near poor | 10.3 (0.32) | 9.1 (0.49) | 12.9 (0.64) | 6.9 (1.39) | 10.6 (1.12) | 7.9 (1.47) | 9.9 (0.74) | 13.0 (2.12) |
| Not poor | 12.4 (0.20) | 12.0 (0.25) | 14.1 (0.64) | 8.6 (1.71) | 13.1 (0.68) | 12.9 (1.23) | 12.5 (0.45) | 12.9 (1.39) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 12.4 (0.19) | 12.0 (0.25) | 14.9 (0.62) | 9.6 (1.89) | 12.9 (0.64) | 12.1 (1.22) | 12.1 (0.39) | 14.7 (1.53) |
| Rented | 9.6 (0.25) | 8.3 (0.42) | 11.6 (0.43) | 7.6 (1.09) | 9.6 (0.89) | 9.0 (0.93) | 8.9 (0.53) | 8.3 (1.44) |
| Some other arrangement | 13.1 (1.17) | 11.8 (1.65) | 12.0 (1.84) | *8.6 (4.28) | *11.6 (3.56) | *32.3 (12.20) | 15.4 (3.03) | *15.8 (6.26) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 12.2 (0.19) | 11.9 (0.25) | 13.6 (0.56) | 8.9 (1.33) | 12.6 (0.65) | 11.3 (1.33) | 12.4 (0.44) | 13.1 (2.55) |
| Medicaid | 11.3 (0.31) | 10.0 (0.57) | 12.7 (0.54) | 8.4 (1.57) | 11.0 (1.11) | 10.3 (1.18) | 10.8 (0.62) | 14.4 (1.37) |
| Other | 9.9 (0.84) | 8.6 (1.13) | 12.2 (2.29) | *9.6 (8.25) | 12.3 (2.97) | *7.1 (3.79) | 10.5 (2.05) | *7.7 (3.91) |
| Uninsured | 8.6 (0.39) | 8.2 (0.68) | 10.2 (0.97) | *6.3 (2.15) | 9.9 (1.64) | 10.6 (2.04) | 7.6 (0.63) | 8.0 (1.96) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 10.2 (0.27) | 10.2 (0.42) | 10.6 (0.51) | 5.4 (0.94) | 11.0 (1.02) | 8.8 (1.28) | 9.7 (0.50) | 11.5 (2.34) |
| Small MSA | 11.9 (0.22) | 11.4 (0.29) | 14.1 (0.59) | 10.0 (1.81) | 12.3 (0.79) | 11.8 (1.29) | 11.6 (0.45) | 12.2 (1.28) |
| Not in MSA | 12.8 (0.38) | 12.5 (0.58) | 14.3 (0.80) | 10.0 (2.22) | 12.1 (1.00) | 10.6 (1.40) | 13.2 (0.87) | 15.8 (2.33) |
| Region | | | | | | | | |
| Northeast | 10.8 (0.36) | 10.4 (0.54) | 12.3 (0.88) | 6.3 (1.62) | 13.3 (1.71) | 7.5 (1.44) | 10.3 (0.66) | 11.1 (2.18) |
| Midwest | 10.7 (0.30) | 10.4 (0.40) | 11.6 (0.70) | 8.2 (1.94) | 9.7 (1.02) | 10.0 (1.53) | 11.0 (0.78) | 14.6 (3.68) |
| South | 14.1 (0.28) | 13.9 (0.41) | 14.9 (0.58) | 9.9 (1.59) | 14.2 (0.86) | 13.0 (1.51) | 13.7 (0.54) | 15.9 (1.66) |
| West | 9.0 (0.27) | 8.9 (0.39) | 10.0 (0.73) | *8.0 (2.44) | 9.2 (0.92) | 9.4 (1.40) | 8.8 (0.57) | 6.2 (1.27) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of respiratory allergies is based on the question, ''During the past 12 months, has [child's name] had any kind of respiratory allergy?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to respiratory allergies and family structure are not included in the column labeled ''All children under age 18 with respiratory allergies in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 11. Frequencies of children under age 18 with digestive or skin allergies in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with digestive or skin allergies in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 8,753 | 4,171 | 1,568 | 119 | 783 | 262 | 1,582 | 268 |
| **Sex** | | | | | | | | |
| Male | 4,369 | 2,117 | 740 | 70 | 416 | 131 | 779 | 116 |
| Female | 4,384 | 2,054 | 829 | 49 | 367 | 131 | 803 | 152 |
| **Age** | | | | | | | | |
| 0–4 years | 2,727 | 1,473 | 377 | 78 | 209 | 109 | 415 | 67 |
| 5–17 years | 6,026 | 2,698 | 1,192 | 40 | 573 | 154 | 1,167 | 201 |
| 5–11 years | 3,366 | 1,706 | 657 | 34 | 320 | 100 | 461 | 89 |
| 12–17 years | 2,660 | 993 | 535 | *7 | 253 | 54 | 706 | 112 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1,231 | 487 | 219 | 27 | 93 | 46 | 313 | 46 |
| Mexican or Mexican American | 738 | 300 | 109 | 19 | 56 | 28 | 200 | 27 |
| Not Hispanic or Latino | 7,521 | 3,685 | 1,349 | 91 | 689 | 216 | 1,268 | 222 |
| White, single race | 5,327 | 3,017 | 639 | 55 | 540 | 147 | 802 | 125 |
| Black or African American, single race | 1,509 | 328 | 590 | 30 | 110 | 45 | 325 | 81 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 762 | 172 | 240 | 17 | 35 | 53 | 228 | *16 |
| High school diploma or GED[6] | 1,675 | 535 | 390 | 39 | 232 | 77 | 387 | 14 |
| More than high school diploma | 6,092 | 3,460 | 882 | 63 | 511 | 129 | 961 | 86 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 1,491 | 257 | 793 | 22 | 76 | 56 | 231 | 56 |
| $20,000–$34,999 | 1,461 | 475 | 397 | 36 | 141 | 67 | 283 | 60 |
| $35,000–$54,999 | 1,614 | 745 | 244 | 27 | 182 | 72 | 292 | 53 |
| $55,000–$74,999 | 1,319 | 745 | 73 | 20 | 160 | 32 | 245 | *44 |
| $75,000 or more | 2,868 | 1,948 | 62 | 13 | 224 | 36 | 530 | 55 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 1,507 | 287 | 659 | 17 | 99 | 61 | 315 | 68 |
| Near poor | 1,868 | 632 | 462 | 43 | 187 | 88 | 375 | 81 |
| Not poor | 5,377 | 3,252 | 447 | 58 | 497 | 113 | 892 | 118 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 5,902 | 3,405 | 545 | 42 | 528 | 103 | 1,110 | 170 |
| Rented | 2,607 | 666 | 975 | 74 | 228 | 156 | 430 | 77 |
| Some other arrangement | 217 | 95 | 47 | *3 | 18 | *3 | 32 | *19 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 5,605 | 3,348 | 631 | 47 | 516 | 88 | 878 | 97 |
| Medicaid | 2,297 | 467 | 788 | 58 | 196 | 128 | 524 | 137 |
| Other | 215 | 114 | 43 | *1 | *19 | *6 | 31 | *2 |
| Uninsured | 617 | 236 | 104 | 13 | 52 | 40 | 140 | 31 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 2,478 | 941 | 640 | 42 | 211 | 67 | 488 | 90 |
| Small MSA | 4,770 | 2,494 | 681 | 57 | 425 | 133 | 850 | 130 |
| Not in MSA | 1,505 | 736 | 248 | 19 | 147 | 62 | 244 | 49 |
| **Region** | | | | | | | | |
| Northeast | 1,633 | 771 | 308 | 22 | 111 | 44 | 334 | 44 |
| Midwest | 2,150 | 1,043 | 399 | 38 | 204 | 68 | 332 | 66 |
| South | 3,024 | 1,420 | 564 | 31 | 301 | 94 | 510 | 104 |
| West | 1,946 | 937 | 298 | 27 | 167 | 57 | 406 | 54 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of digestive or skin allergies is based on separate questions, ''During the past 12 months, has [child's name] had any kind of food or digestive allergy?'' and ''During the past 12 months, has [the sample child] had eczema or any kind of skin allergy?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to digestive or skin allergies and family structure are not included in the column labeled ''All children under age 18 with digestive or skin allergies in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 12. Percentages (with standard errors) of children under age 18 with digestive or skin allergies in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with digestive or skin allergies in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 12.0 (0.15) | 11.8 (0.21) | 13.1 (0.37) | 11.2 (0.96) | 12.4 (0.55) | 11.6 (0.87) | 11.4 (0.32) | 11.8 (0.98) |
| Sex | | | | | | | | |
| Male | 11.7 (0.22) | 11.7 (0.31) | 12.5 (0.52) | 12.4 (1.43) | 12.9 (0.80) | 11.2 (1.17) | 10.9 (0.44) | 10.0 (1.20) |
| Female | 12.3 (0.22) | 11.9 (0.31) | 13.8 (0.52) | 9.8 (1.23) | 11.9 (0.76) | 12.0 (1.27) | 12.0 (0.47) | 13.7 (1.54) |
| Age | | | | | | | | |
| 0–4 years | 13.6 (0.31) | 13.1 (0.40) | 14.9 (0.85) | 12.0 (1.22) | 15.2 (1.42) | 17.6 (2.14) | 13.3 (0.71) | 12.7 (2.00) |
| 5–17 years | 11.4 (0.18) | 11.2 (0.25) | 12.7 (0.40) | 9.9 (1.52) | 11.6 (0.59) | 9.3 (0.86) | 10.9 (0.36) | 11.6 (1.13) |
| 5–11 years | 12.0 (0.25) | 11.8 (0.34) | 13.4 (0.59) | 11.4 (1.92) | 12.6 (0.89) | 10.1 (1.14) | 11.2 (0.59) | 10.9 (1.38) |
| 12–17 years | 10.7 (0.24) | 10.3 (0.38) | 11.9 (0.54) | *6.1 (2.00) | 10.6 (0.82) | 8.2 (1.33) | 10.7 (0.45) | 12.2 (1.77) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 8.9 (0.25) | 8.7 (0.40) | 10.4 (0.66) | 8.2 (1.23) | 9.5 (1.04) | 11.2 (1.68) | 8.2 (0.43) | 8.8 (1.35) |
| Mexican or Mexican American | 7.8 (0.29) | 7.4 (0.41) | 9.3 (0.88) | 8.5 (1.57) | 8.4 (1.20) | 10.4 (1.77) | 7.4 (0.50) | 7.0 (1.45) |
| Not Hispanic or Latino | 12.7 (0.18) | 12.4 (0.24) | 13.7 (0.42) | 12.6 (1.28) | 13.0 (0.62) | 11.7 (1.00) | 12.7 (0.41) | 12.7 (1.19) |
| White, single race | 12.2 (0.21) | 12.1 (0.27) | 12.3 (0.57) | 11.7 (1.54) | 12.9 (0.70) | 11.2 (1.20) | 12.4 (0.51) | 13.8 (1.78) |
| Black or African American, single race | 14.2 (0.41) | 15.0 (0.90) | 14.8 (0.69) | 17.4 (2.75) | 13.0 (1.48) | 11.3 (1.81) | 13.6 (0.87) | 12.0 (1.82) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 8.1 (0.33) | 6.2 (0.54) | 10.3 (0.73) | 7.3 (1.63) | 7.0 (1.37) | 11.5 (1.78) | 7.9 (0.56) | *9.0 (2.93) |
| High school diploma or GED[6] | 10.3 (0.31) | 9.1 (0.48) | 11.5 (0.62) | 9.8 (1.49) | 13.0 (1.14) | 9.4 (1.32) | 10.3 (0.60) | 5.8 (1.72) |
| More than high school diploma | 13.6 (0.20) | 13.1 (0.26) | 15.7 (0.58) | 14.7 (1.74) | 12.9 (0.71) | 13.4 (1.37) | 13.8 (0.50) | 18.6 (3.17) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 11.5 (0.35) | 8.7 (0.61) | 13.6 (0.54) | 7.2 (1.37) | 11.5 (1.64) | 10.5 (1.86) | 10.8 (0.74) | 11.6 (1.98) |
| $20,000–$34,999 | 11.6 (0.39) | 10.3 (0.62) | 12.8 (0.69) | 12.8 (2.15) | 12.5 (1.38) | 12.6 (2.01) | 11.5 (0.87) | 11.6 (1.92) |
| $35,000–$54,999 | 11.5 (0.38) | 11.4 (0.51) | 13.5 (0.98) | 10.5 (1.76) | 11.7 (1.13) | 13.3 (1.94) | 10.3 (0.82) | 10.2 (1.80) |
| $55,000–$74,999 | 12.1 (0.41) | 12.0 (0.50) | 11.4 (1.44) | 17.0 (3.92) | 13.4 (1.45) | 10.8 (2.00) | 11.7 (1.01) | 14.4 (3.83) |
| $75,000 or more | 12.8 (0.28) | 13.0 (0.36) | 11.2 (1.59) | 14.0 (3.26) | 12.7 (1.15) | 9.8 (1.87) | 12.3 (0.61) | 12.4 (2.27) |
| Poverty status[8] | | | | | | | | |
| Poor | 11.2 (0.36) | 8.7 (0.64) | 13.2 (0.60) | 6.2 (1.47) | 12.0 (1.71) | 10.6 (1.86) | 11.0 (0.79) | 11.1 (1.94) |
| Near poor | 11.5 (0.35) | 10.6 (0.59) | 13.6 (0.71) | 12.0 (1.82) | 11.7 (1.16) | 13.2 (1.82) | 10.5 (0.68) | 11.7 (2.20) |
| Not poor | 12.5 (0.20) | 12.5 (0.26) | 12.6 (0.65) | 13.8 (1.61) | 12.8 (0.72) | 11.1 (1.11) | 12.1 (0.43) | 12.4 (1.41) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 12.0 (0.19) | 12.1 (0.24) | 12.7 (0.60) | 10.6 (1.62) | 12.4 (0.67) | 11.2 (1.37) | 11.5 (0.39) | 11.2 (1.12) |
| Rented | 11.9 (0.26) | 10.5 (0.46) | 13.5 (0.47) | 11.6 (1.20) | 12.1 (1.00) | 12.3 (1.18) | 11.0 (0.57) | 11.6 (1.76) |
| Some other arrangement | 15.3 (1.17) | 15.9 (1.82) | 13.3 (1.90) | *10.0 (6.08) | 13.8 (3.15) | *6.2 (3.64) | 15.8 (3.15) | *32.2 (10.07) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 12.4 (0.19) | 12.4 (0.25) | 12.9 (0.58) | 12.8 (1.67) | 12.7 (0.68) | 10.1 (1.28) | 11.8 (0.44) | 14.2 (2.14) |
| Medicaid | 12.2 (0.31) | 10.0 (0.52) | 13.9 (0.55) | 10.3 (1.30) | 13.7 (1.28) | 12.7 (1.43) | 12.2 (0.64) | 11.7 (1.26) |
| Other | 13.5 (1.02) | 14.8 (1.59) | 16.9 (2.58) | *5.2 (3.76) | 8.8 (2.29) | *10.0 (4.06) | 12.9 (2.13) | *4.0 (2.06) |
| Uninsured | 8.8 (0.40) | 8.4 (0.67) | 9.6 (0.96) | 11.5 (2.79) | 8.9 (1.53) | 12.5 (2.21) | 8.1 (0.67) | 9.2 (2.00) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 11.9 (0.28) | 11.2 (0.41) | 13.8 (0.58) | 11.2 (1.52) | 13.7 (1.12) | 10.1 (1.45) | 10.8 (0.53) | 11.3 (1.92) |
| Small MSA | 12.4 (0.21) | 12.2 (0.29) | 13.2 (0.58) | 12.4 (1.45) | 13.4 (0.83) | 12.9 (1.36) | 11.9 (0.47) | 13.3 (1.36) |
| Not in MSA | 11.1 (0.34) | 11.5 (0.49) | 11.7 (0.82) | 8.7 (2.11) | 9.2 (0.89) | 10.8 (1.69) | 11.1 (0.83) | 9.8 (1.75) |
| Region | | | | | | | | |
| Northeast | 12.6 (0.36) | 11.7 (0.49) | 14.4 (0.88) | 12.3 (2.34) | 13.9 (1.49) | 12.5 (2.54) | 12.8 (0.71) | 13.2 (2.35) |
| Midwest | 12.5 (0.31) | 12.0 (0.39) | 14.1 (0.80) | 13.5 (2.19) | 12.7 (1.15) | 11.2 (1.75) | 12.1 (0.82) | 14.8 (2.67) |
| South | 11.4 (0.24) | 11.6 (0.34) | 11.8 (0.54) | 9.6 (1.64) | 11.3 (0.85) | 11.1 (1.38) | 10.5 (0.49) | 10.6 (1.34) |
| West | 12.1 (0.35) | 12.0 (0.52) | 13.7 (0.90) | 9.9 (1.55) | 13.4 (1.18) | 12.3 (1.70) | 11.2 (0.64) | 10.7 (2.06) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of digestive or skin allergies is based on separate questions, ''During the past 12 months, has [child's name] had any kind of food or digestive allergy?'' and ''During the past 12 months, has [child's name] had eczema or any kind of skin allergy?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to digestive or skin allergies and family structure are not included in the column labeled ''All children under age 18 with digestive or skin allergies in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 13. Frequencies of children aged 3–17 with frequent headaches or migraines in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 3–17 with frequent headaches or migraines in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 3,662 | 1,295 | 849 | 24 | 362 | 147 | 837 | 149 |
| **Sex** | | | | | | | | |
| Male | 1,766 | 627 | 425 | 14 | 180 | 62 | 392 | 67 |
| Female | 1,896 | 668 | 424 | 10 | 183 | 85 | 445 | 82 |
| **Age** | | | | | | | | |
| 3–4 years | 51 | 21 | *6 | *1 | *4 | *3 | *9 | *6 |
| 5–17 years | 3,611 | 1,274 | 842 | 22 | 358 | 144 | 828 | 143 |
| 5–11 years | 1,311 | 548 | 320 | *11 | 150 | 59 | 186 | 37 |
| 12–17 years | 2,300 | 726 | 522 | 12 | 208 | 85 | 642 | 105 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 613 | 182 | 143 | *7 | 49 | 26 | 181 | 25 |
| Mexican or Mexican American | 393 | 125 | 77 | *5 | 33 | 12 | 121 | 21 |
| Not Hispanic or Latino | 3,049 | 1,113 | 705 | 17 | 313 | 121 | 656 | 124 |
| White, single race | 2,245 | 976 | 394 | *6 | 253 | 87 | 466 | 63 |
| Black or African American, single race | 614 | 72 | 264 | *6 | 48 | 25 | 143 | 56 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 500 | 126 | 156 | *6 | 22 | 32 | 152 | *7 |
| High school diploma or GED[6] | 900 | 271 | 234 | *5 | 103 | 44 | 231 | *11 |
| More than high school diploma | 2,118 | 896 | 410 | *12 | 236 | 71 | 451 | 43 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 860 | 138 | 439 | *4 | 46 | 39 | 139 | 56 |
| $20,000–$34,999 | 738 | 194 | 226 | *10 | 63 | 35 | 175 | 34 |
| $35,000–$54,999 | 719 | 280 | 123 | *5 | 101 | 26 | 160 | 24 |
| $55,000–$74,999 | 457 | 192 | 36 | *1 | 62 | *24 | 127 | *14 |
| $75,000 or more | 889 | 491 | 25 | *2 | 90 | 23 | 237 | *21 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 880 | 170 | 369 | *4 | 51 | 41 | 177 | 67 |
| Near poor | 901 | 251 | 259 | *11 | 90 | 37 | 217 | 37 |
| Not poor | 1,881 | 874 | 221 | *8 | 222 | 69 | 442 | 45 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 2,335 | 1,028 | 318 | 10 | 237 | 70 | 583 | 89 |
| Rented | 1,235 | 236 | 506 | 13 | 112 | 76 | 246 | 46 |
| Some other arrangement | 80 | 28 | 23 | *– | *11 | *– | *5 | *14 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 2,029 | 938 | 319 | *7 | 223 | 68 | 438 | 35 |
| Medicaid | 1,176 | 223 | 416 | *9 | 100 | 54 | 284 | 91 |
| Other | 68 | 27 | 9 | *1 | *12 | *7 | *9 | *3 |
| Uninsured | 383 | 106 | 103 | *6 | 27 | 18 | 102 | 20 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 1,019 | 255 | 315 | 13 | 107 | 38 | 244 | 47 |
| Small MSA | 1,788 | 722 | 363 | 8 | 152 | 63 | 418 | 62 |
| Not in MSA | 855 | 318 | 171 | *2 | 103 | 46 | 175 | 40 |
| **Region** | | | | | | | | |
| Northeast | 591 | 216 | 136 | *5 | 44 | 27 | 142 | *21 |
| Midwest | 868 | 319 | 211 | *6 | 104 | 32 | 174 | 23 |
| South | 1,456 | 494 | 364 | *6 | 154 | 50 | 316 | 72 |
| West | 747 | 265 | 138 | *8 | 61 | 38 | 205 | 32 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Having frequent headaches or migraines is based on aquestion that asked, ''During the past 12 months, has [child's name] had frequent or severe headaches, including migraines?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to frequent headaches or migraines and family structure are not included in the column labeled ''All children aged 3–17 with frequent headaches or migraines in the past 12 months'' (see Appendix I).

[3]Total includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. In order to be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Parent's education is the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–07 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Poverty status is based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Home tenure status is based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement. See Appendix II for more information.

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1,000,000 or more; small MSAs have a population size of less than 1,000,000. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 14. Percentages (with standard errors) of children aged 3–17 with frequent headaches or migraines in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 3–17 with frequent headaches or migraines in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 6.0 (0.12) | 4.5 (0.16) | 8.0 (0.32) | 4.1 (0.81) | 6.6 (0.42) | 7.6 (0.75) | 7.1 (0.27) | 7.6 (0.81) |
| Sex | | | | | | | | |
| Male | 5.6 (0.16) | 4.2 (0.21) | 8.1 (0.45) | 4.3 (1.19) | 6.4 (0.54) | 6.2 (0.87) | 6.4 (0.36) | 6.6 (1.12) |
| Female | 6.4 (0.18) | 4.8 (0.22) | 7.9 (0.43) | 3.7 (1.05) | 6.8 (0.64) | 9.1 (1.34) | 7.8 (0.41) | 8.7 (1.23) |
| Age | | | | | | | | |
| 3–4 years | 0.6 (0.10) | 0.5 (0.12) | *0.5 (0.20) | *0.7 (0.68) | *0.7 (0.37) | *1.2 (0.84) | *0.8 (0.29) | *2.7 (1.52) |
| 5–17 years | 6.8 (0.14) | 5.3 (0.18) | 8.9 (0.36) | 5.5 (1.11) | 7.3 (0.46) | 8.7 (0.88) | 7.7 (0.30) | 8.2 (0.91) |
| 5–11 years | 4.7 (0.16) | 3.8 (0.20) | 6.5 (0.43) | *3.6 (1.19) | 5.9 (0.59) | 6.0 (1.02) | 4.5 (0.37) | 4.6 (0.90) |
| 12–17 years | 9.3 (0.22) | 7.6 (0.33) | 11.6 (0.56) | 10.5 (2.59) | 8.7 (0.69) | 12.8 (1.59) | 9.7 (0.42) | 11.4 (1.51) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 5.5 (0.21) | 4.0 (0.33) | 7.9 (0.60) | *3.7 (1.19) | 5.9 (0.87) | 7.4 (1.46) | 5.8 (0.40) | 5.9 (1.32) |
| Mexican or Mexican American | 5.2 (0.26) | 3.8 (0.39) | 7.8 (0.81) | *3.8 (1.50) | 5.9 (1.03) | 5.4 (1.51) | 5.6 (0.47) | 6.9 (1.69) |
| Not Hispanic or Latino | 6.1 (0.14) | 4.6 (0.18) | 8.0 (0.37) | 4.2 (1.04) | 6.7 (0.46) | 7.6 (0.87) | 7.5 (0.34) | 8.0 (0.99) |
| White, single race | 6.1 (0.17) | 4.8 (0.20) | 8.3 (0.51) | *2.5 (0.88) | 6.9 (0.54) | 7.5 (1.01) | 8.0 (0.44) | 7.7 (1.32) |
| Black or African American, single race | 6.9 (0.31) | 4.1 (0.52) | 7.7 (0.54) | *6.4 (2.32) | 6.5 (1.05) | 7.7 (1.88) | 7.2 (0.66) | 9.5 (1.75) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 6.6 (0.33) | 5.6 (0.62) | 7.9 (0.71) | *4.9 (1.65) | 5.1 (1.08) | 8.0 (1.83) | 6.6 (0.59) | *5.0 (2.11) |
| High school diploma or GED[6] | 6.6 (0.26) | 5.5 (0.37) | 7.9 (0.60) | *2.4 (0.93) | 6.7 (0.77) | 6.4 (1.19) | 7.4 (0.53) | *6.4 (2.88) |
| More than high school diploma | 5.6 (0.15) | 4.2 (0.18) | 8.0 (0.46) | 5.3 (1.57) | 6.8 (0.53) | 8.5 (1.19) | 7.2 (0.38) | 10.5 (2.51) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 8.3 (0.33) | 6.2 (0.64) | 8.9 (0.48) | *2.7 (1.25) | 8.7 (1.43) | 9.4 (1.75) | 8.0 (0.76) | 14.3 (2.48) |
| $20,000–$34,999 | 7.1 (0.34) | 5.4 (0.54) | 8.0 (0.60) | *6.6 (2.20) | 6.5 (1.03) | 7.7 (1.92) | 8.6 (0.85) | 7.5 (1.75) |
| $35,000–$54,999 | 6.1 (0.28) | 5.4 (0.43) | 7.2 (0.78) | *3.4 (1.30) | 7.5 (0.96) | 5.7 (1.46) | 6.7 (0.61) | 5.4 (1.47) |
| $55,000–$74,999 | 5.0 (0.30) | 3.8 (0.34) | 5.9 (1.30) | *2.3 (1.64) | 5.9 (0.92) | 9.0 (2.52) | 6.8 (0.69) | *5.0 (1.82) |
| $75,000 or more | 4.6 (0.20) | 3.9 (0.25) | 4.7 (0.93) | *4.2 (2.44) | 5.6 (0.69) | 6.7 (1.81) | 6.1 (0.49) | *5.2 (1.59) |
| Poverty status[8] | | | | | | | | |
| Poor | 8.1 (0.35) | 6.6 (0.69) | 8.8 (0.54) | *3.1 (1.51) | 7.7 (1.30) | 9.1 (1.77) | 7.7 (0.80) | 13.2 (2.29) |
| Near poor | 6.7 (0.28) | 5.4 (0.46) | 8.5 (0.60) | *5.4 (1.66) | 6.6 (0.95) | 6.8 (1.59) | 7.3 (0.62) | 6.2 (1.23) |
| Not poor | 5.1 (0.14) | 4.1 (0.17) | 6.6 (0.48) | 3.5 (1.03) | 6.4 (0.50) | 7.3 (1.12) | 6.7 (0.34) | 5.3 (1.02) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 5.5 (0.14) | 4.4 (0.17) | 7.9 (0.51) | 3.8 (1.01) | 6.3 (0.49) | 8.4 (1.33) | 6.9 (0.32) | 6.6 (0.82) |
| Rented | 7.1 (0.24) | 5.1 (0.44) | 8.2 (0.41) | 4.3 (1.25) | 7.0 (0.78) | 7.3 (0.97) | 7.8 (0.54) | 8.4 (1.72) |
| Some other arrangement | 7.2 (0.99) | 6.4 (1.55) | 7.6 (1.61) | *– | *10.0 (3.21) | *– | *2.7 (1.12) | *30.0 (11.68) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 5.2 (0.14) | 4.2 (0.18) | 7.0 (0.43) | *3.4 (1.07) | 6.2 (0.48) | 8.7 (1.39) | 6.4 (0.31) | 5.6 (1.19) |
| Medicaid | 8.0 (0.29) | 6.4 (0.53) | 8.8 (0.53) | *3.1 (1.10) | 8.5 (1.01) | 6.7 (1.10) | 8.8 (0.65) | 9.3 (1.34) |
| Other | 5.3 (0.76) | 4.6 (1.07) | 4.5 (1.16) | *19.0 (17.24) | *7.1 (2.41) | *13.3 (6.74) | *4.2 (1.39) | *6.0 (3.07) |
| Uninsured | 6.2 (0.34) | 4.3 (0.50) | 10.1 (1.08) | *7.9 (2.87) | 5.1 (1.18) | 6.4 (1.46) | 6.8 (0.68) | 6.8 (1.63) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 5.9 (0.22) | 3.9 (0.27) | 7.8 (0.51) | 6.2 (1.78) | 8.1 (0.91) | 6.9 (1.23) | 6.5 (0.45) | 7.0 (1.54) |
| Small MSA | 5.5 (0.16) | 4.3 (0.21) | 7.8 (0.48) | 3.3 (0.96) | 5.5 (0.52) | 7.0 (1.11) | 6.7 (0.37) | 7.3 (1.19) |
| Not in MSA | 7.4 (0.32) | 6.0 (0.37) | 9.1 (0.79) | *1.9 (1.01) | 7.4 (0.93) | 9.3 (1.72) | 9.4 (0.80) | 9.0 (1.71) |
| Region | | | | | | | | |
| Northeast | 5.3 (0.26) | 4.0 (0.34) | 7.1 (0.73) | *4.4 (1.97) | 6.1 (1.14) | 9.0 (2.04) | 6.1 (0.52) | *7.4 (2.26) |
| Midwest | 6.0 (0.24) | 4.5 (0.32) | 8.4 (0.68) | *3.6 (1.37) | 7.5 (0.90) | 6.2 (1.45) | 7.3 (0.61) | 5.9 (1.37) |
| South | 6.6 (0.22) | 5.0 (0.29) | 8.6 (0.53) | *3.5 (1.74) | 6.7 (0.66) | 6.9 (1.08) | 7.8 (0.50) | 8.4 (1.24) |
| West | 5.6 (0.24) | 4.2 (0.28) | 7.1 (0.67) | *4.7 (1.45) | 5.5 (0.77) | 9.5 (1.92) | 6.6 (0.56) | 7.6 (1.96) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with

related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Having frequent headaches or migraines is based on a question that asked, "During the past 12 months, has [child's name] had frequent or severe headaches, including migraines?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to frequent headaches or migraines and family structure are not included in the column labeled "All children aged 3–17 with frequent headaches or migraines in the past 12 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 15. Frequencies of children under age 18 with three or more ear infections in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with three or more ear infections in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 4,249 | 2,097 | 715 | 88 | 323 | 158 | 748 | 120 |
| **Sex** | | | | | | | | |
| Male | 2,249 | 1,111 | 378 | 50 | 168 | 83 | 401 | 59 |
| Female | 2,000 | 986 | 337 | 38 | 155 | 75 | 348 | 61 |
| **Age** | | | | | | | | |
| 0–4 years | 2,176 | 1,206 | 308 | 67 | 147 | 76 | 324 | 49 |
| 5–17 years | 2,073 | 892 | 407 | 21 | 177 | 82 | 424 | 71 |
| 5–11 years | 1,465 | 713 | 263 | 14 | 134 | 54 | 244 | 43 |
| 12–17 years | 607 | 178 | 144 | *6 | 43 | 28 | 180 | 28 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 803 | 328 | 125 | 30 | 47 | 28 | 213 | 30 |
| Mexican or Mexican American | 536 | 242 | 64 | 18 | 32 | 14 | 144 | 22 |
| Not Hispanic or Latino | 3,446 | 1,769 | 589 | 57 | 276 | 130 | 535 | 89 |
| White, single race | 2,787 | 1,598 | 363 | 44 | 228 | 105 | 388 | 61 |
| Black or African American, single race | 441 | 70 | 184 | 10 | 38 | 15 | 104 | 20 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 627 | 169 | 182 | 20 | 39 | 38 | 167 | *12 |
| High school diploma or GED[6] | 947 | 301 | 182 | 37 | 105 | 56 | 252 | *13 |
| More than high school diploma | 2,571 | 1,621 | 327 | 30 | 178 | 61 | 323 | 31 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 939 | 214 | 445 | 24 | 42 | 42 | 153 | 19 |
| $20,000–$34,999 | 721 | 240 | 150 | 25 | 76 | 37 | 158 | 35 |
| $35,000–$54,999 | 820 | 418 | 83 | 25 | 82 | 48 | 133 | 30 |
| $55,000–$74,999 | 619 | 397 | 16 | *8 | 56 | 19 | 105 | 18 |
| $75,000 or more | 1,150 | 827 | 20 | *6 | 68 | *12 | 199 | 18 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 916 | 220 | 356 | 19 | 44 | 47 | 202 | 29 |
| Near poor | 938 | 311 | 219 | 31 | 101 | 49 | 184 | 43 |
| Not poor | 2,393 | 1,567 | 139 | 38 | 178 | 62 | 362 | 48 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 2,761 | 1,671 | 206 | 30 | 216 | 55 | 495 | 87 |
| Rented | 1,364 | 379 | 477 | 53 | 95 | 100 | 235 | 25 |
| Some other arrangement | 120 | 45 | 31 | *4 | *13 | *2 | 16 | *8 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 2,450 | 1,594 | 222 | 30 | 187 | 38 | 353 | 27 |
| Medicaid | 1,352 | 333 | 411 | 47 | 94 | 91 | 303 | 74 |
| Other | 100 | 49 | 17 | *– | *11 | *1 | 17 | *6 |
| Uninsured | 334 | 120 | 63 | 10 | 30 | 28 | 72 | 11 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 1,094 | 426 | 249 | 22 | 79 | 40 | 242 | 36 |
| Small MSA | 2,270 | 1,262 | 316 | 49 | 153 | 77 | 364 | 48 |
| Not in MSA | 884 | 409 | 149 | 17 | 91 | 41 | 142 | 35 |
| **Region** | | | | | | | | |
| Northeast | 739 | 386 | 100 | 23 | 48 | 30 | 132 | 20 |
| Midwest | 994 | 504 | 180 | 18 | 73 | 40 | 157 | 21 |
| South | 1,690 | 760 | 337 | 29 | 143 | 63 | 309 | 48 |
| West | 826 | 447 | 98 | 18 | 59 | 24 | 150 | 31 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with

related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of ear infections is based on a question that asked, "During the past 12 months, has [child's name] had three or more ear infections?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to ear infections and family structure are not included in the column labeled "All children under age 18 with three or more ear infections in the past 12 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 16. Percentages (with standard errors) of children under age 18 with three or more ear infections in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with three or more ear infections in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 5.8 (0.11) | 5.9 (0.16) | 6.0 (0.27) | 8.3 (0.84) | 5.1 (0.35) | 7.0 (0.64) | 5.4 (0.22) | 5.3 (0.58) |
| **Sex** | | | | | | | | |
| Male | 6.0 (0.15) | 6.1 (0.22) | 6.4 (0.36) | 8.9 (1.19) | 5.2 (0.51) | 7.1 (0.95) | 5.6 (0.31) | 5.1 (0.69) |
| Female | 5.6 (0.15) | 5.7 (0.22) | 5.6 (0.37) | 7.6 (1.11) | 5.0 (0.50) | 6.9 (0.92) | 5.2 (0.32) | 5.5 (0.93) |
| **Age** | | | | | | | | |
| 0–4 years | 10.8 (0.27) | 10.7 (0.36) | 12.2 (0.73) | 10.3 (1.16) | 10.6 (1.05) | 12.2 (1.72) | 10.4 (0.61) | 9.4 (1.48) |
| 5–17 years | 3.9 (0.10) | 3.7 (0.15) | 4.3 (0.27) | 5.0 (1.11) | 3.6 (0.34) | 5.0 (0.62) | 4.0 (0.22) | 4.1 (0.61) |
| 5–11 years | 5.2 (0.16) | 4.9 (0.22) | 5.3 (0.39) | 4.8 (1.26) | 5.2 (0.55) | 5.5 (0.79) | 5.9 (0.42) | 5.2 (0.90) |
| 12–17 years | 2.4 (0.12) | 1.9 (0.17) | 3.2 (0.35) | *5.5 (2.35) | 1.8 (0.33) | 4.3 (0.99) | 2.7 (0.24) | 3.0 (0.83) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 5.8 (0.20) | 5.8 (0.29) | 5.9 (0.55) | 9.1 (1.39) | 4.8 (0.72) | 6.8 (1.22) | 5.6 (0.37) | 5.9 (1.02) |
| Mexican or Mexican American | 5.7 (0.24) | 6.0 (0.34) | 5.5 (0.67) | 8.2 (1.47) | 4.8 (0.84) | 5.3 (1.30) | 5.3 (0.44) | 5.7 (1.22) |
| Not Hispanic or Latino | 5.8 (0.12) | 6.0 (0.18) | 6.0 (0.30) | 7.9 (1.05) | 5.2 (0.39) | 7.0 (0.74) | 5.3 (0.28) | 5.1 (0.68) |
| White, single race | 6.4 (0.15) | 6.4 (0.20) | 7.0 (0.43) | 9.4 (1.47) | 5.4 (0.45) | 7.9 (0.94) | 6.0 (0.38) | 6.7 (1.14) |
| Black or African American, single race | 4.1 (0.23) | 3.2 (0.41) | 4.6 (0.42) | 5.5 (1.41) | 4.4 (0.90) | 3.7 (1.06) | 4.3 (0.47) | 3.0 (0.77) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 6.7 (0.30) | 6.1 (0.47) | 7.8 (0.71) | 8.6 (1.77) | 7.6 (1.49) | 8.1 (1.49) | 5.8 (0.51) | *6.7 (2.43) |
| High school diploma or GED[6] | 5.8 (0.22) | 5.1 (0.32) | 5.4 (0.42) | 9.4 (1.40) | 5.9 (0.74) | 6.9 (1.08) | 6.7 (0.48) | *5.2 (1.74) |
| More than high school diploma | 5.7 (0.14) | 6.1 (0.19) | 5.8 (0.36) | 7.0 (1.19) | 4.5 (0.41) | 6.3 (0.98) | 4.6 (0.29) | 6.7 (1.79) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 7.3 (0.28) | 7.2 (0.57) | 7.6 (0.42) | 7.7 (1.38) | 6.3 (1.18) | 8.0 (1.32) | 7.1 (0.63) | 4.0 (0.88) |
| $20,000–$34,999 | 5.7 (0.25) | 5.2 (0.36) | 4.8 (0.46) | 8.7 (1.63) | 6.7 (0.85) | 6.8 (1.40) | 6.4 (0.64) | 6.8 (1.48) |
| $35,000–$54,999 | 5.8 (0.25) | 6.4 (0.35) | 4.6 (0.59) | 9.7 (2.06) | 5.3 (0.76) | 8.9 (1.57) | 4.7 (0.54) | 5.8 (1.36) |
| $55,000–$74,999 | 5.7 (0.28) | 6.4 (0.40) | 2.5 (0.68) | *7.3 (2.21) | 4.6 (0.84) | 6.4 (1.75) | 5.0 (0.59) | 5.8 (1.62) |
| $75,000 or more | 5.1 (0.19) | 5.5 (0.25) | 3.5 (0.90) | *6.0 (2.40) | 3.9 (0.57) | *3.3 (1.08) | 4.6 (0.40) | 4.0 (1.13) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 6.8 (0.27) | 6.6 (0.53) | 7.1 (0.45) | 6.7 (1.41) | 5.4 (0.99) | 8.2 (1.50) | 7.0 (0.59) | 4.7 (1.25) |
| Near poor | 5.8 (0.23) | 5.2 (0.33) | 6.4 (0.49) | 8.5 (1.69) | 6.3 (0.76) | 7.3 (1.30) | 5.1 (0.53) | 6.2 (1.14) |
| Not poor | 5.5 (0.13) | 6.0 (0.18) | 3.9 (0.34) | 9.1 (1.25) | 4.6 (0.42) | 6.1 (0.84) | 4.9 (0.32) | 5.0 (0.78) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 5.6 (0.13) | 5.9 (0.18) | 4.8 (0.38) | 7.6 (1.17) | 5.1 (0.41) | 6.0 (0.90) | 5.1 (0.26) | 5.7 (0.70) |
| Rented | 6.2 (0.19) | 5.9 (0.32) | 6.6 (0.35) | 8.4 (1.11) | 5.0 (0.63) | 7.9 (0.96) | 6.0 (0.43) | 3.7 (0.77) |
| Some other arrangement | 8.4 (1.02) | 7.6 (1.40) | 8.9 (1.71) | *15.3 (9.40) | *9.4 (3.02) | *5.5 (3.35) | 7.7 (2.03) | *13.6 (8.95) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 5.4 (0.13) | 5.9 (0.18) | 4.5 (0.32) | 8.0 (1.27) | 4.6 (0.40) | 4.3 (0.79) | 4.7 (0.28) | 4.0 (0.78) |
| Medicaid | 7.2 (0.24) | 7.1 (0.44) | 7.3 (0.44) | 8.5 (1.27) | 6.6 (0.80) | 8.9 (1.12) | 7.0 (0.47) | 6.3 (0.92) |
| Other | 6.3 (0.78) | 6.4 (1.17) | 6.8 (1.88) | *– | *4.9 (1.98) | *2.3 (2.27) | 6.8 (1.59) | *10.7 (6.45) |
| Uninsured | 4.8 (0.30) | 4.3 (0.41) | 5.8 (0.91) | 8.9 (2.53) | 5.1 (1.28) | 8.7 (1.84) | 4.2 (0.45) | 3.4 (0.90) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 5.2 (0.18) | 5.1 (0.28) | 5.4 (0.37) | 5.9 (1.08) | 5.1 (0.63) | 6.1 (1.22) | 5.4 (0.37) | 4.6 (1.01) |
| Small MSA | 5.9 (0.15) | 6.1 (0.21) | 6.1 (0.41) | 10.5 (1.34) | 4.8 (0.50) | 7.4 (0.98) | 5.1 (0.31) | 5.0 (0.80) |
| Not in MSA | 6.5 (0.25) | 6.4 (0.34) | 7.0 (0.76) | 7.4 (2.12) | 5.7 (0.70) | 7.1 (1.26) | 6.5 (0.61) | 7.1 (1.39) |
| **Region** | | | | | | | | |
| Northeast | 5.7 (0.25) | 5.9 (0.38) | 4.7 (0.50) | 12.9 (2.68) | 5.9 (1.22) | 8.5 (1.95) | 5.0 (0.50) | 6.0 (1.60) |
| Midwest | 5.8 (0.21) | 5.8 (0.31) | 6.4 (0.48) | 6.4 (1.32) | 4.6 (0.62) | 6.7 (1.23) | 5.7 (0.54) | 4.7 (1.12) |
| South | 6.3 (0.19) | 6.2 (0.28) | 7.0 (0.50) | 8.8 (1.58) | 5.4 (0.55) | 7.5 (1.05) | 6.4 (0.42) | 4.9 (0.78) |
| West | 5.1 (0.22) | 5.7 (0.31) | 4.5 (0.54) | 6.5 (1.31) | 4.7 (0.69) | 5.3 (1.21) | 4.1 (0.34) | 6.1 (1.52) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of ear infections is based on a question that asked, ''During the past 12 months, has [child's name] had three or more ear infections?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to ear infections and family structure are not included in the column labeled ''All children under age 18 with three or more ear infections in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 17. Frequencies of children under age 18 who have ever been told they have mental retardation or any developmental delay, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 ever told they have mental retardation or any developmental delay | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 2,635 | 1,066 | 546 | 29 | 242 | 102 | 500 | 151 |
| **Sex** | | | | | | | | |
| Male | 1,690 | 730 | 339 | 19 | 140 | 63 | 315 | 84 |
| Female | 946 | 336 | 207 | *10 | 102 | 39 | 185 | 67 |
| **Age** | | | | | | | | |
| 0–4 years | 574 | 291 | 91 | *11 | 39 | *17 | 88 | 37 |
| 5–17 years | 2,062 | 775 | 455 | 18 | 203 | 85 | 412 | 114 |
| 5–11 years | 1,166 | 522 | 251 | *13 | 103 | 46 | 170 | 61 |
| 12–17 years | 896 | 253 | 205 | *5 | 99 | 39 | 242 | 53 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 401 | 136 | 89 | *7 | 29 | *10 | 103 | 27 |
| Mexican or Mexican American | 251 | 98 | 45 | *2 | 20 | *5 | 62 | 20 |
| Not Hispanic or Latino | 2,235 | 930 | 458 | 21 | 213 | 92 | 397 | 124 |
| White, single race | 1,678 | 813 | 254 | 17 | 175 | 73 | 276 | 70 |
| Black or African American, single race | 384 | 60 | 163 | *4 | 23 | *14 | 86 | 33 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 265 | 52 | 90 | *2 | 18 | 21 | 79 | *2 |
| High school diploma or GED[6] | 588 | 157 | 150 | 14 | 75 | 36 | 145 | *11 |
| More than high school diploma | 1,653 | 856 | 273 | *12 | 144 | 42 | 271 | 54 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 590 | 78 | 305 | *8 | 41 | 28 | 99 | 32 |
| $20,000–$34,999 | 530 | 149 | 131 | *7 | 71 | 27 | 107 | 38 |
| $35,000–$54,999 | 512 | 246 | 64 | *7 | 53 | 24 | 93 | 25 |
| $55,000–$74,999 | 342 | 178 | 30 | *4 | 33 | *10 | 60 | 26 |
| $75,000 or more | 662 | 416 | 17 | *2 | 44 | *13 | 141 | *29 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 613 | 89 | 256 | *7 | 56 | 28 | 138 | 40 |
| Near poor | 664 | 225 | 163 | *10 | 76 | 32 | 116 | 42 |
| Not poor | 1,359 | 753 | 128 | *12 | 110 | 42 | 246 | 68 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1,729 | 902 | 191 | *10 | 161 | 35 | 324 | 106 |
| Rented | 851 | 153 | 342 | 18 | 71 | 64 | 162 | 40 |
| Some other arrangement | 51 | *11 | *10 | *– | *9 | *3 | *13 | *5 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 1,346 | 783 | 157 | *6 | 128 | 31 | 216 | 25 |
| Medicaid | 1,048 | 208 | 344 | 18 | 85 | 59 | 216 | 118 |
| Other | 77 | 36 | *9 | *1 | *7 | *3 | 20 | *– |
| Uninsured | 160 | 38 | 35 | *4 | *21 | *9 | 46 | *8 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 757 | 246 | 225 | *8 | 63 | 19 | 152 | 45 |
| Small MSA | 1,347 | 636 | 221 | 14 | 99 | 49 | 259 | 70 |
| Not in MSA | 531 | 185 | 101 | *7 | 80 | 34 | 89 | 36 |
| **Region** | | | | | | | | |
| Northeast | 551 | 243 | 122 | *13 | 22 | 28 | 103 | *19 |
| Midwest | 687 | 292 | 132 | *8 | 74 | 29 | 109 | 44 |
| South | 923 | 341 | 210 | *6 | 98 | 36 | 185 | 47 |
| West | 474 | 190 | 83 | *1 | 48 | *9 | 103 | 40 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family

consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of mental retardation or any developmental delay is based on separate questions, ''Has a doctor or health professional ever told you that [child's name] had mental retardation?'' and ''Has a doctor or health professional ever told you that [child's name] had any other developmental delay?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to mental retardation or any developmental delay and family structure are not included in the column labeled ''All children under age 18 ever told they have mental retardation or any developmental delay'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 18. Percentages (with standard errors) of children under age 18 who have ever been told they have mental retardation or any developmental delay, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 ever told they have mental retardation or any developmental delay | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 3.6 (0.09) | 3.0 (0.12) | 4.6 (0.25) | 2.7 (0.57) | 3.8 (0.32) | 4.5 (0.60) | 3.6 (0.21) | 6.6 (0.77) |
| **Sex** | | | | | | | | |
| Male | 4.5 (0.14) | 4.0 (0.19) | 5.7 (0.38) | 3.4 (0.85) | 4.3 (0.46) | 5.4 (0.87) | 4.4 (0.30) | 7.2 (1.15) |
| Female | 2.6 (0.11) | 2.0 (0.13) | 3.4 (0.32) | *1.9 (0.73) | 3.3 (0.45) | 3.6 (0.74) | 2.8 (0.26) | 6.0 (1.01) |
| **Age** | | | | | | | | |
| 0–4 years | 2.9 (0.15) | 2.6 (0.19) | 3.6 (0.45) | *1.6 (0.51) | 2.8 (0.61) | *2.8 (0.95) | 2.8 (0.35) | 7.0 (1.56) |
| 5–17 years | 3.9 (0.11) | 3.2 (0.15) | 4.8 (0.29) | 4.4 (1.24) | 4.1 (0.37) | 5.1 (0.73) | 3.8 (0.24) | 6.5 (0.88) |
| 5–11 years | 4.1 (0.16) | 3.6 (0.20) | 5.1 (0.42) | *4.4 (1.36) | 4.0 (0.56) | 4.7 (0.85) | 4.1 (0.38) | 7.4 (1.34) |
| 12–17 years | 3.6 (0.16) | 2.6 (0.21) | 4.5 (0.39) | *4.6 (2.66) | 4.2 (0.49) | 5.8 (1.30) | 3.7 (0.31) | 5.8 (1.12) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 2.9 (0.16) | 2.4 (0.23) | 4.2 (0.50) | *2.2 (0.86) | 2.9 (0.62) | *2.3 (0.78) | 2.7 (0.26) | 5.1 (1.19) |
| Mexican or Mexican American | 2.7 (0.18) | 2.4 (0.28) | 3.9 (0.70) | *0.7 (0.41) | 3.1 (0.83) | *1.7 (0.75) | 2.3 (0.27) | 5.1 (1.39) |
| Not Hispanic or Latino | 3.8 (0.11) | 3.1 (0.13) | 4.6 (0.28) | 2.9 (0.73) | 4.0 (0.37) | 5.0 (0.69) | 4.0 (0.27) | 7.1 (0.91) |
| White, single race | 3.9 (0.12) | 3.3 (0.15) | 4.9 (0.38) | 3.7 (1.03) | 4.1 (0.43) | 5.5 (0.87) | 4.3 (0.36) | 7.7 (1.20) |
| Black or African American, single race | 3.6 (0.23) | 2.8 (0.43) | 4.1 (0.42) | *2.4 (1.21) | 2.7 (0.71) | *3.5 (1.17) | 3.6 (0.44) | 4.8 (1.24) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 2.8 (0.20) | 1.9 (0.31) | 3.9 (0.46) | *1.1 (0.71) | 3.5 (0.97) | 4.6 (1.10) | 2.8 (0.35) | *1.2 (0.73) |
| High school diploma or GED[6] | 3.6 (0.18) | 2.7 (0.27) | 4.4 (0.45) | 3.5 (1.02) | 4.2 (0.60) | 4.5 (0.96) | 3.9 (0.40) | *4.4 (1.79) |
| More than high school diploma | 3.7 (0.12) | 3.2 (0.14) | 4.8 (0.37) | *2.9 (0.97) | 3.6 (0.39) | 4.4 (0.96) | 3.9 (0.30) | 11.6 (2.41) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 4.6 (0.23) | 2.6 (0.39) | 5.2 (0.37) | *2.6 (1.01) | 6.2 (1.27) | 5.3 (1.33) | 4.6 (0.53) | 6.7 (1.73) |
| $20,000–$34,999 | 4.2 (0.24) | 3.2 (0.34) | 4.2 (0.47) | *2.5 (1.07) | 6.2 (1.02) | 5.1 (1.46) | 4.3 (0.61) | 7.3 (1.55) |
| $35,000–$54,999 | 3.7 (0.21) | 3.8 (0.32) | 3.5 (0.55) | *2.8 (1.39) | 3.4 (0.66) | 4.4 (1.13) | 3.3 (0.42) | 4.9 (1.29) |
| $55,000–$74,999 | 3.1 (0.22) | 2.9 (0.26) | 4.8 (1.29) | *3.9 (2.10) | 2.8 (0.66) | *3.4 (1.61) | 2.8 (0.44) | 8.5 (2.10) |
| $75,000 or more | 2.9 (0.16) | 2.8 (0.18) | 3.0 (0.87) | *2.2 (1.82) | 2.5 (0.49) | *3.7 (1.36) | 3.3 (0.38) | 6.6 (1.93) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 4.5 (0.25) | 2.7 (0.40) | 5.1 (0.40) | *2.4 (1.05) | 6.8 (1.38) | 4.8 (1.23) | 4.8 (0.56) | 6.5 (1.65) |
| Near poor | 4.1 (0.22) | 3.8 (0.36) | 4.8 (0.53) | *2.8 (1.08) | 4.8 (0.71) | 4.8 (1.23) | 3.2 (0.37) | 6.0 (1.20) |
| Not poor | 3.1 (0.11) | 2.9 (0.13) | 3.6 (0.36) | *2.8 (0.97) | 2.8 (0.32) | 4.1 (0.84) | 3.3 (0.27) | 7.2 (1.23) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 3.5 (0.11) | 3.2 (0.14) | 4.4 (0.40) | *2.6 (0.96) | 3.8 (0.37) | 3.7 (0.69) | 3.4 (0.24) | 7.0 (0.95) |
| Rented | 3.9 (0.17) | 2.4 (0.25) | 4.7 (0.32) | 2.9 (0.73) | 3.7 (0.61) | 5.1 (0.90) | 4.1 (0.41) | 5.9 (1.34) |
| Some other arrangement | 3.6 (0.56) | *1.9 (0.65) | *3.0 (1.00) | *– | *6.5 (2.52) | *6.8 (4.93) | 6.3 (1.84) | *8.4 (4.58) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 3.0 (0.10) | 2.9 (0.13) | 3.2 (0.31) | *1.7 (0.70) | 3.2 (0.36) | 3.6 (0.85) | 2.9 (0.24) | 3.6 (0.89) |
| Medicaid | 5.6 (0.23) | 4.4 (0.41) | 6.1 (0.43) | 3.3 (0.86) | 5.9 (0.83) | 5.8 (1.00) | 5.0 (0.46) | 10.1 (1.31) |
| Other | 4.8 (0.62) | 4.7 (0.97) | *3.7 (1.17) | *5.0 (4.96) | *3.4 (1.35) | *5.4 (3.28) | 8.3 (2.16) | *– |
| Uninsured | 2.3 (0.21) | 1.3 (0.25) | 3.2 (0.71) | *3.2 (2.12) | 3.6 (1.07) | *3.0 (1.08) | 2.7 (0.40) | *2.2 (0.87) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 3.6 (0.17) | 2.9 (0.21) | 4.8 (0.41) | *2.1 (0.86) | 4.1 (0.78) | 2.9 (0.72) | 3.4 (0.31) | 5.6 (1.16) |
| Small MSA | 3.5 (0.13) | 3.1 (0.16) | 4.3 (0.38) | 3.0 (0.83) | 3.1 (0.40) | 4.8 (1.01) | 3.6 (0.30) | 7.2 (1.13) |
| Not in MSA | 3.9 (0.22) | 2.9 (0.27) | 4.7 (0.52) | *3.1 (1.51) | 5.0 (0.64) | 5.8 (1.12) | 4.1 (0.58) | 7.3 (1.94) |
| **Region** | | | | | | | | |
| Northeast | 4.2 (0.25) | 3.7 (0.33) | 5.7 (0.67) | *7.4 (2.25) | 2.7 (0.66) | 8.0 (2.03) | 3.9 (0.56) | *5.9 (1.87) |
| Midwest | 4.0 (0.20) | 3.4 (0.24) | 4.6 (0.57) | *2.9 (1.04) | 4.6 (0.69) | 4.7 (1.26) | 3.9 (0.50) | 9.8 (2.31) |
| South | 3.5 (0.14) | 2.8 (0.18) | 4.4 (0.35) | *1.8 (0.87) | 3.7 (0.46) | 4.2 (0.92) | 3.8 (0.35) | 4.8 (0.97) |
| West | 2.9 (0.18) | 2.4 (0.23) | 3.8 (0.52) | *0.4 (0.31) | 3.8 (0.81) | *2.0 (0.68) | 2.8 (0.31) | 7.9 (1.62) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of mental retardation or any developmental delay is based on separate questions, "Has a doctor or health professional ever told you that [child's name] had mental retardation?" and "Has a doctor or health professional ever told you that [child's name] had any other developmental delay?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to mental retardation or any developmental delay and family structure are not included in the column labeled "All children under age 18 ever told they have mental retardation or any developmental delay" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 19. Frequencies of children under age 18 with an impairment or health problem that limits crawling, walking, running, or playing, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with an impairment that limits crawling, walking, running, or playing | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 1,402 | 510 | 326 | 21 | 164 | 39 | 283 | 59 |
| **Sex** | | | | | | | | |
| Male | 721 | 256 | 170 | *11 | 89 | 17 | 149 | 30 |
| Female | 680 | 254 | 156 | 10 | 75 | 22 | 134 | 29 |
| **Age** | | | | | | | | |
| 0–4 years | 250 | 128 | 40 | *5 | *10 | *10 | 36 | *22 |
| 5–17 years | 1,151 | 382 | 286 | 17 | 153 | 29 | 247 | 36 |
| 5–11 years | 488 | 185 | 115 | 14 | 82 | 17 | 63 | *12 |
| 12–17 years | 663 | 198 | 171 | *2 | 72 | *12 | 184 | 24 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 215 | 61 | 48 | *5 | 17 | *3 | 67 | *13 |
| Mexican or Mexican American | 138 | 47 | 19 | *4 | *12 | *2 | 48 | *7 |
| Not Hispanic or Latino | 1,187 | 449 | 278 | 16 | 146 | 36 | 216 | 46 |
| White, single race | 882 | 400 | 151 | *9 | 121 | 29 | 154 | 18 |
| Black or African American, single race | 214 | 27 | 96 | *5 | 21 | *4 | 46 | *15 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 169 | 31 | 69 | *3 | *13 | *4 | 48 | *2 |
| High school diploma or GED[6] | 374 | 108 | 88 | *9 | 70 | *14 | 83 | *2 |
| More than high school diploma | 798 | 371 | 154 | *9 | 80 | 19 | 148 | *17 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 364 | 49 | 185 | *3 | 35 | *12 | 62 | *19 |
| $20,000–$34,999 | 287 | 79 | 88 | *6 | 31 | *7 | 59 | 16 |
| $35,000–$54,999 | 280 | 120 | 33 | *7 | 44 | *11 | 60 | *5 |
| $55,000–$74,999 | 182 | 99 | 14 | *3 | 26 | *3 | 29 | *7 |
| $75,000 or more | 289 | 164 | *5 | *2 | 28 | *5 | 73 | *13 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 364 | 57 | 159 | *2 | 37 | *11 | 79 | *19 |
| Near poor | 381 | 117 | 97 | *10 | 50 | *14 | 76 | 18 |
| Not poor | 656 | 337 | 70 | *9 | 76 | *14 | 129 | *22 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 866 | 399 | 105 | *14 | 108 | 12 | 193 | 35 |
| Rented | 497 | 99 | 212 | *7 | 46 | 27 | 84 | 22 |
| Some other arrangement | 38 | *12 | *8 | *– | *10 | *– | *6 | *2 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 709 | 362 | 102 | *7 | 88 | *10 | 132 | *7 |
| Medicaid | 556 | 112 | 190 | *10 | 62 | 19 | 119 | 44 |
| Other | 31 | 13 | *9 | *– | *2 | *1 | *5 | *1 |
| Uninsured | 105 | 23 | 24 | *3 | *12 | *9 | 28 | *6 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 387 | 96 | 126 | *5 | 48 | *9 | 88 | *16 |
| Small MSA | 726 | 323 | 133 | *12 | 64 | 20 | 146 | 28 |
| Not in MSA | 288 | 91 | 67 | *4 | 52 | *10 | 48 | *15 |
| **Region** | | | | | | | | |
| Northeast | 212 | 75 | 45 | *2 | *15 | *11 | 52 | *12 |
| Midwest | 387 | 156 | 94 | *3 | 51 | *9 | 61 | *13 |
| South | 501 | 170 | 121 | *10 | 70 | 13 | 97 | 20 |
| West | 301 | 109 | 65 | *6 | 27 | *6 | 73 | *14 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of impairments or health problems resulting in activity limitations is based on a question that asked, "Does [child's name] have an impairment or health problem that limits [his/her] ability to crawl, walk, run, or play?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to impairments and family structure are not included in the column labeled "All children under age 18 with an impairment that limits crawling, walking, running, or playing." (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 20. Percentages (with standard errors) of children under age 18 with an impairment or health problem that limits crawling, walking, running, or playing, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with an impairment that limits crawling, walking, running, or playing | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 1.9 (0.06) | 1.4 (0.08) | 2.7 (0.17) | 2.0 (0.45) | 2.6 (0.26) | 1.7 (0.31) | 2.0 (0.13) | 2.6 (0.45) |
| **Sex** | | | | | | | | |
| Male | 1.9 (0.09) | 1.4 (0.12) | 2.9 (0.25) | *1.9 (0.65) | 2.8 (0.40) | 1.4 (0.36) | 2.1 (0.18) | 2.5 (0.64) |
| Female | 1.9 (0.09) | 1.5 (0.11) | 2.6 (0.24) | 2.1 (0.61) | 2.4 (0.43) | 2.0 (0.51) | 2.0 (0.18) | 2.6 (0.59) |
| **Age** | | | | | | | | |
| 0–4 years | 1.2 (0.10) | 1.1 (0.14) | 1.6 (0.27) | *0.7 (0.34) | *0.7 (0.25) | *1.6 (0.61) | 1.1 (0.19) | *4.3 (1.31) |
| 5–17 years | 2.2 (0.08) | 1.6 (0.10) | 3.0 (0.21) | 4.1 (1.03) | 3.1 (0.33) | 1.8 (0.36) | 2.3 (0.16) | 2.1 (0.43) |
| 5–11 years | 1.7 (0.10) | 1.3 (0.12) | 2.3 (0.27) | 4.8 (1.35) | 3.2 (0.51) | 1.8 (0.45) | 1.5 (0.20) | *1.5 (0.54) |
| 12–17 years | 2.7 (0.12) | 2.1 (0.17) | 3.8 (0.31) | *2.0 (1.06) | 3.0 (0.44) | *1.8 (0.59) | 2.8 (0.23) | 2.6 (0.60) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1.6 (0.10) | 1.1 (0.14) | 2.3 (0.31) | *1.6 (0.50) | 1.7 (0.50) | *0.8 (0.36) | 1.7 (0.20) | *2.5 (0.87) |
| Mexican or Mexican American | 1.5 (0.12) | 1.2 (0.16) | 1.6 (0.32) | *1.7 (0.63) | *1.8 (0.55) | *0.6 (0.45) | 1.8 (0.25) | *1.7 (0.82) |
| Not Hispanic or Latino | 2.0 (0.07) | 1.5 (0.09) | 2.8 (0.20) | 2.2 (0.61) | 2.7 (0.30) | 1.9 (0.37) | 2.2 (0.16) | 2.6 (0.52) |
| White, single race | 2.0 (0.09) | 1.6 (0.11) | 2.9 (0.28) | *1.9 (0.69) | 2.9 (0.35) | 2.2 (0.48) | 2.4 (0.22) | 1.9 (0.55) |
| Black or African American, single race | 2.0 (0.16) | 1.2 (0.26) | 2.4 (0.29) | *3.1 (1.65) | 2.5 (0.73) | *1.1 (0.51) | 1.9 (0.28) | 2.2 (0.64) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 1.8 (0.14) | 1.1 (0.20) | 3.0 (0.38) | *1.2 (0.54) | *2.5 (0.95) | *0.9 (0.42) | 1.7 (0.24) | *1.2 (0.68) |
| High school diploma or GED[6] | 2.3 (0.15) | 1.8 (0.24) | 2.6 (0.32) | *2.2 (0.84) | 3.9 (0.66) | *1.7 (0.52) | 2.2 (0.27) | *1.0 (0.76) |
| More than high school diploma | 1.8 (0.08) | 1.4 (0.09) | 2.7 (0.25) | *2.2 (0.73) | 2.0 (0.28) | 2.0 (0.50) | 2.1 (0.19) | *3.6 (1.42) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 2.8 (0.17) | 1.6 (0.30) | 3.2 (0.26) | *0.9 (0.57) | 5.2 (1.31) | *2.3 (0.74) | 2.9 (0.38) | 4.0 (1.19) |
| $20,000–$34,999 | 2.3 (0.17) | 1.7 (0.25) | 2.8 (0.38) | *2.1 (0.89) | 2.7 (0.59) | *1.4 (0.56) | 2.4 (0.37) | 3.0 (0.80) |
| $35,000–$54,999 | 2.0 (0.16) | 1.8 (0.22) | 1.8 (0.35) | *2.6 (1.30) | 2.8 (0.74) | *2.1 (0.71) | 2.1 (0.35) | *0.9 (0.43) |
| $55,000–$74,999 | 1.7 (0.16) | 1.6 (0.21) | 2.2 (0.65) | *2.9 (1.75) | 2.2 (0.57) | *1.1 (0.84) | 1.4 (0.28) | *2.1 (0.86) |
| $75,000 or more | 1.3 (0.10) | 1.1 (0.11) | *0.9 (0.43) | *2.5 (2.15) | 1.6 (0.40) | *1.3 (0.86) | 1.7 (0.25) | *2.9 (1.39) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 2.7 (0.17) | 1.7 (0.32) | 3.2 (0.31) | *0.7 (0.60) | 4.5 (1.08) | *2.0 (0.70) | 2.7 (0.34) | *3.1 (0.94) |
| Near poor | 2.3 (0.16) | 2.0 (0.27) | 2.9 (0.33) | *2.8 (0.94) | 3.1 (0.70) | *2.0 (0.63) | 2.1 (0.28) | 2.6 (0.64) |
| Not poor | 1.5 (0.07) | 1.3 (0.09) | 2.0 (0.26) | *2.2 (0.77) | 2.0 (0.30) | *1.4 (0.42) | 1.7 (0.17) | *2.3 (0.71) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1.8 (0.08) | 1.4 (0.09) | 2.4 (0.26) | 3.5 (1.04) | 2.5 (0.34) | 1.3 (0.38) | 2.0 (0.16) | 2.3 (0.51) |
| Rented | 2.3 (0.12) | 1.5 (0.20) | 2.9 (0.23) | *1.2 (0.38) | 2.4 (0.50) | 2.1 (0.48) | 2.1 (0.24) | 3.3 (0.96) |
| Some other arrangement | 2.7 (0.63) | *2.0 (0.62) | *2.3 (0.87) | *– | *7.3 (4.15) | *– | *3.1 (1.33) | *2.8 (2.00) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 1.6 (0.07) | 1.3 (0.09) | 2.1 (0.23) | *2.0 (0.79) | 2.2 (0.31) | *1.2 (0.43) | 1.8 (0.17) | *1.1 (0.40) |
| Medicaid | 2.9 (0.15) | 2.4 (0.28) | 3.4 (0.28) | *1.9 (0.59) | 4.3 (0.87) | 1.9 (0.46) | 2.8 (0.27) | 3.8 (0.76) |
| Other | 1.9 (0.40) | 1.7 (0.44) | *3.6 (1.83) | *– | *0.8 (0.55) | *2.0 (1.40) | *2.1 (0.99) | *1.6 (1.22) |
| Uninsured | 1.5 (0.16) | 0.8 (0.17) | 2.2 (0.47) | *3.0 (1.61) | *2.0 (0.63) | *2.7 (1.15) | 1.6 (0.32) | *1.7 (1.01) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 1.9 (0.12) | 1.1 (0.14) | 2.7 (0.28) | *1.4 (0.48) | 3.1 (0.69) | *1.3 (0.43) | 2.0 (0.21) | *2.0 (0.63) |
| Small MSA | 1.9 (0.09) | 1.6 (0.11) | 2.6 (0.26) | *2.6 (0.86) | 2.0 (0.31) | 1.9 (0.52) | 2.0 (0.19) | 2.8 (0.74) |
| Not in MSA | 2.1 (0.16) | 1.4 (0.21) | 3.2 (0.39) | *1.7 (0.86) | 3.2 (0.53) | *1.8 (0.60) | 2.2 (0.35) | *3.1 (1.05) |
| **Region** | | | | | | | | |
| Northeast | 1.6 (0.13) | 1.1 (0.17) | 2.1 (0.33) | *1.2 (0.93) | *1.9 (0.63) | *3.1 (1.10) | 2.0 (0.27) | *3.7 (1.44) |
| Midwest | 2.2 (0.16) | 1.8 (0.20) | 3.3 (0.43) | *1.1 (0.46) | 3.2 (0.73) | *1.4 (0.55) | 2.2 (0.32) | *2.8 (1.04) |
| South | 1.9 (0.10) | 1.4 (0.13) | 2.5 (0.25) | *2.9 (1.10) | 2.6 (0.34) | 1.6 (0.47) | 2.0 (0.22) | 2.0 (0.54) |
| West | 1.9 (0.13) | 1.4 (0.17) | 3.0 (0.41) | *2.4 (0.86) | 2.1 (0.46) | *1.3 (0.54) | 2.0 (0.24) | *2.8 (1.11) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of impairments or health problems resulting in activity limitations is based on a question that asked, "Does [child's name] have an impairment or health problem that limits [his/her] ability to crawl, walk, run, or play?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to impairments and family structure are not included in the column labeled "All children under age 18 with an impairment that limits crawling, walking, running, or playing." (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 21. Frequencies of children under age 18 receiving special education or EIS for an emotional or behavioral problem, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 receiving special education or EIS for an emotional or behavioral problem | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 1,335 | 296 | 393 | 16 | 147 | 75 | 290 | 118 |
| **Sex** | | | | | | | | |
| Male | 976 | 217 | 302 | *12 | 97 | 58 | 212 | 78 |
| Female | 359 | 79 | 91 | *4 | 50 | 18 | 78 | 40 |
| **Age** | | | | | | | | |
| 0–4 years | 88 | 35 | 18 | *2 | *3 | *5 | *14 | *12 |
| 5–17 years | 1,247 | 261 | 375 | *14 | 144 | 70 | 277 | 106 |
| 5–11 years | 599 | 151 | 202 | *11 | 60 | 35 | 99 | 41 |
| 12–17 years | 648 | 110 | 173 | *3 | 84 | 35 | 178 | 65 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 192 | 36 | 59 | *5 | *13 | *5 | 57 | *18 |
| Mexican or Mexican American | 96 | 25 | 18 | *2 | *9 | *1 | 25 | *14 |
| Not Hispanic or Latino | 1,143 | 259 | 334 | *10 | 134 | 70 | 234 | 100 |
| White, single race | 787 | 227 | 177 | *8 | 110 | 53 | 157 | 55 |
| Black or African American, single race | 280 | 16 | 128 | *2 | 18 | *12 | 65 | 38 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 205 | 17 | 89 | *1 | *11 | 21 | 61 | *5 |
| High school diploma or GED[6] | 342 | 63 | 119 | *6 | 48 | 16 | 82 | *6 |
| More than high school diploma | 697 | 216 | 165 | *9 | 86 | 37 | 143 | 42 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 389 | 31 | 239 | *3 | *14 | *15 | 63 | 24 |
| $20,000–$34,999 | 283 | 46 | 73 | *3 | 32 | *29 | 68 | 33 |
| $35,000–$54,999 | 233 | 56 | 50 | *4 | 39 | 14 | 52 | 18 |
| $55,000–$74,999 | 154 | 58 | *18 | *3 | *21 | *5 | 34 | *14 |
| $75,000 or more | 276 | 105 | *14 | *2 | *41 | *12 | 74 | 28 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 398 | 38 | 202 | *3 | *19 | *15 | 87 | 34 |
| Near poor | 339 | 51 | 107 | *5 | 46 | 31 | 67 | 32 |
| Not poor | 598 | 206 | 84 | *8 | 83 | 30 | 137 | 51 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 774 | 226 | 122 | *5 | 99 | 24 | 200 | 98 |
| Rented | 523 | 60 | 260 | *11 | 43 | 49 | 82 | 18 |
| Some other arrangement | 36 | *8 | *11 | *– | *5 | *2 | *8 | *2 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 548 | 189 | 119 | *3 | 82 | *16 | 122 | 19 |
| Medicaid | 666 | 73 | 247 | *9 | 53 | 47 | 144 | 93 |
| Other | 25 | *12 | *7 | *1 | *3 | *1 | *1 | *1 |
| Uninsured | 91 | 20 | 21 | *3 | *9 | *11 | 22 | *5 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 396 | 64 | 164 | *4 | 25 | 18 | 92 | 29 |
| Small MSA | 662 | 168 | 163 | *9 | 76 | 36 | 154 | 57 |
| Not in MSA | 277 | 63 | 67 | *3 | 47 | 21 | 45 | 31 |
| **Region** | | | | | | | | |
| Northeast | 313 | 77 | 100 | *8 | 24 | 18 | 66 | 21 |
| Midwest | 331 | 72 | 74 | *3 | 45 | *22 | 74 | 40 |
| South | 465 | 94 | 156 | *4 | 54 | 24 | 97 | 36 |
| West | 226 | 53 | 62 | *1 | *23 | 11 | 54 | 21 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Receipt of special education or early intervention services (EIS) is based on two questions in the Family Core that asked if any children under age 18 in the family received Special Education or EIS and, if so, whether he or she received these services because of an emotional or behavioral problem. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to receipt of special education and family structure are not included in the column labeled "All children under age 18 receiving special education or EIS for an emotional or behavioral problem" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 22. Percentages (with standard errors) of children under age 18 receiving special education or EIS for an emotional or behavioral problem, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 receiving special education or EIS for an emotional or behavioral problem | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 1.8 (0.06) | 0.8 (0.06) | 3.3 (0.20) | 1.5 (0.42) | 2.3 (0.29) | 3.3 (0.52) | 2.1 (0.15) | 5.2 (0.61) |
| Sex | | | | | | | | |
| Male | 2.6 (0.10) | 1.2 (0.10) | 5.1 (0.33) | *2.1 (0.64) | 3.0 (0.48) | 4.9 (0.92) | 3.0 (0.25) | 6.8 (0.94) |
| Female | 1.0 (0.07) | 0.5 (0.06) | 1.5 (0.21) | *0.8 (0.52) | 1.6 (0.31) | 1.6 (0.45) | 1.2 (0.18) | 3.6 (0.77) |
| Age | | | | | | | | |
| 0–4 years | 0.4 (0.05) | 0.3 (0.06) | 0.7 (0.18) | *0.3 (0.20) | *0.2 (0.12) | *0.9 (0.51) | *0.4 (0.13) | *2.2 (0.77) |
| 5–17 years | 2.4 (0.08) | 1.1 (0.08) | 4.0 (0.25) | *3.3 (1.02) | 2.9 (0.37) | 4.2 (0.69) | 2.6 (0.19) | 6.1 (0.75) |
| 5–11 years | 2.1 (0.11) | 1.0 (0.10) | 4.1 (0.36) | *3.6 (1.18) | 2.4 (0.53) | 3.6 (0.71) | 2.4 (0.28) | 4.9 (0.92) |
| 12–17 years | 2.6 (0.13) | 1.1 (0.13) | 3.8 (0.33) | *2.6 (2.02) | 3.5 (0.50) | 5.2 (1.33) | 2.7 (0.26) | 7.1 (1.14) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 1.4 (0.12) | 0.6 (0.12) | 2.8 (0.40) | *1.6 (0.77) | *1.3 (0.52) | *1.2 (0.52) | 1.5 (0.21) | *3.4 (1.11) |
| Mexican or Mexican American | 1.0 (0.12) | 0.6 (0.15) | 1.6 (0.40) | *0.9 (0.51) | *1.4 (0.72) | *0.6 (0.56) | 0.9 (0.18) | *3.7 (1.44) |
| Not Hispanic or Latino | 1.9 (0.08) | 0.9 (0.06) | 3.4 (0.23) | *1.4 (0.50) | 2.5 (0.33) | 3.8 (0.63) | 2.3 (0.20) | 5.7 (0.72) |
| White, single race | 1.8 (0.09) | 0.9 (0.07) | 3.4 (0.32) | *1.7 (0.69) | 2.6 (0.39) | 4.0 (0.80) | 2.4 (0.27) | 6.0 (1.01) |
| Black or African American, single race | 2.6 (0.18) | 0.7 (0.19) | 3.2 (0.34) | *0.9 (0.77) | 2.1 (0.62) | *3.1 (1.06) | 2.7 (0.35) | 5.7 (1.18) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 2.2 (0.19) | 0.6 (0.15) | 3.8 (0.50) | *0.3 (0.18) | *2.1 (0.84) | 4.6 (1.14) | 2.1 (0.33) | *3.1 (1.67) |
| High school diploma or GED[6] | 2.1 (0.14) | 1.1 (0.15) | 3.5 (0.38) | *1.6 (0.72) | 2.7 (0.52) | 2.0 (0.52) | 2.2 (0.29) | *2.6 (1.12) |
| More than high school diploma | 1.6 (0.08) | 0.8 (0.07) | 2.9 (0.28) | *2.0 (0.78) | 2.2 (0.37) | 3.9 (1.00) | 2.0 (0.23) | 9.2 (2.19) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 3.0 (0.18) | 1.0 (0.20) | 4.1 (0.32) | *1.1 (0.54) | *2.0 (0.69) | *2.8 (0.92) | 2.9 (0.38) | 5.1 (1.08) |
| $20,000–$34,999 | 2.2 (0.19) | 1.0 (0.20) | 2.3 (0.29) | *1.0 (0.66) | 2.9 (0.73) | 5.4 (1.61) | 2.7 (0.53) | 6.3 (1.46) |
| $35,000–$54,999 | 1.7 (0.13) | 0.9 (0.14) | 2.7 (0.52) | *1.7 (1.05) | 2.5 (0.59) | 2.6 (0.73) | 1.8 (0.35) | 3.5 (0.97) |
| $55,000–$74,999 | 1.4 (0.16) | 0.9 (0.16) | 2.9 (0.85) | *2.8 (2.09) | *1.7 (0.55) | *1.9 (1.01) | 1.6 (0.37) | *4.5 (1.50) |
| $75,000 or more | 1.2 (0.11) | 0.7 (0.08) | *2.4 (0.88) | *1.7 (1.61) | *2.3 (0.71) | *3.2 (1.44) | 1.7 (0.29) | 6.4 (1.87) |
| Poverty status[8] | | | | | | | | |
| Poor | 2.9 (0.19) | 1.1 (0.22) | 4.0 (0.36) | *1.1 (0.59) | *2.3 (0.72) | *2.5 (0.84) | 3.0 (0.49) | 5.6 (1.23) |
| Near poor | 2.1 (0.15) | 0.9 (0.16) | 3.1 (0.37) | *1.4 (0.75) | 2.8 (0.61) | 4.5 (1.31) | 1.9 (0.28) | 4.6 (1.00) |
| Not poor | 1.4 (0.07) | 0.8 (0.07) | 2.4 (0.28) | *1.8 (0.78) | 2.1 (0.39) | 3.0 (0.68) | 1.8 (0.20) | 5.4 (1.01) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 1.6 (0.07) | 0.8 (0.06) | 2.8 (0.32) | *1.3 (0.67) | 2.3 (0.37) | 2.6 (0.66) | 2.1 (0.20) | 6.4 (0.87) |
| Rented | 2.4 (0.12) | 0.9 (0.14) | 3.6 (0.27) | *1.7 (0.56) | 2.3 (0.45) | 3.9 (0.79) | 2.1 (0.24) | 2.7 (0.63) |
| Some other arrangement | 2.5 (0.52) | *1.3 (0.63) | *3.0 (1.02) | *– | *3.5 (2.11) | *4.4 (4.30) | *4.0 (1.35) | *4.0 (3.89) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 1.2 (0.07) | 0.7 (0.06) | 2.4 (0.29) | *0.7 (0.37) | 2.0 (0.35) | *1.9 (0.61) | 1.6 (0.18) | 2.7 (0.72) |
| Medicaid | 3.5 (0.17) | 1.5 (0.23) | 4.4 (0.32) | *1.7 (0.62) | 3.7 (0.74) | 4.6 (0.96) | 3.3 (0.38) | 8.0 (1.08) |
| Other | 1.5 (0.32) | *1.5 (0.51) | *2.6 (1.03) | *5.0 (4.96) | *1.5 (0.68) | *2.0 (2.03) | *0.2 (0.21) | *2.0 (1.53) |
| Uninsured | 1.3 (0.17) | 0.7 (0.20) | 1.9 (0.45) | *2.7 (2.03) | *1.5 (0.73) | *3.5 (1.27) | 1.3 (0.28) | *1.4 (0.73) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 1.9 (0.11) | 0.8 (0.11) | 3.5 (0.33) | *1.0 (0.65) | 1.6 (0.44) | 2.8 (0.65) | 2.0 (0.24) | 3.7 (0.71) |
| Small MSA | 1.7 (0.09) | 0.8 (0.07) | 3.1 (0.29) | *2.0 (0.67) | 2.4 (0.44) | 3.5 (0.89) | 2.1 (0.24) | 5.9 (1.04) |
| Not in MSA | 2.0 (0.16) | 1.0 (0.15) | 3.1 (0.49) | *1.2 (0.92) | 2.9 (0.58) | 3.7 (1.07) | 2.1 (0.36) | 6.3 (1.51) |
| Region | | | | | | | | |
| Northeast | 2.4 (0.17) | 1.2 (0.16) | 4.7 (0.56) | *4.3 (1.69) | 3.0 (0.76) | 5.0 (1.34) | 2.5 (0.43) | 6.3 (1.62) |
| Midwest | 1.9 (0.14) | 0.8 (0.12) | 2.6 (0.36) | *1.1 (0.64) | 2.8 (0.60) | *3.7 (1.33) | 2.7 (0.38) | 9.1 (2.00) |
| South | 1.7 (0.11) | 0.8 (0.09) | 3.2 (0.33) | *1.2 (0.75) | 2.0 (0.48) | 2.9 (0.77) | 2.0 (0.27) | 3.6 (0.78) |
| West | 1.4 (0.11) | 0.7 (0.11) | 2.9 (0.39) | *0.2 (0.25) | 1.9 (0.55) | 2.4 (0.66) | 1.5 (0.20) | 4.1 (0.94) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Receipt of special education or early intervention services (EIS) is based on two questions in the Family Core that asked if any children under age 18 in the family received Special Education or EIS and, if so, whether he or she received these services because of an emotional or behavioral problem. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to receipt of special education and family structure are not included in the column labeled "All children under age 18 receiving special education or EIS for an emotional or behavioral problem" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 23. Frequencies of children under age 18 with vision problems, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with vision problems | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 1,706 | 634 | 378 | 20 | 166 | 81 | 360 | 67 |
| **Sex** | | | | | | | | |
| Male | 897 | 352 | 196 | *11 | 93 | 39 | 169 | 38 |
| Female | 810 | 282 | 182 | *9 | 73 | 42 | 191 | 29 |
| **Age** | | | | | | | | |
| 0–4 years | 180 | 101 | 21 | *3 | *7 | *8 | 31 | *9 |
| 5–17 years | 1,526 | 533 | 357 | 17 | 159 | 73 | 329 | 58 |
| 5–11 years | 708 | 303 | 155 | *11 | 78 | 33 | 105 | 24 |
| 12–17 years | 818 | 230 | 202 | *6 | 81 | 40 | 224 | 35 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 339 | 110 | 73 | *5 | 25 | 18 | 91 | 16 |
| Mexican or Mexican American | 213 | 80 | 38 | *1 | 22 | *7 | 57 | 8 |
| Not Hispanic or Latino | 1,367 | 523 | 305 | 15 | 141 | 63 | 269 | 51 |
| White, single race | 973 | 449 | 152 | *11 | 113 | 40 | 182 | 27 |
| Black or African American, single race | 291 | 34 | 137 | *4 | 20 | *18 | 57 | 22 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 275 | 58 | 94 | *2 | 14 | 28 | 75 | *4 |
| High school diploma or GED[6] | 422 | 136 | 105 | *7 | 50 | 27 | 90 | *7 |
| More than high school diploma | 952 | 440 | 164 | *11 | 100 | 26 | 190 | *21 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 424 | 76 | 225 | *3 | *14 | 27 | 64 | 15 |
| $20,000–$34,999 | 368 | 122 | 86 | *8 | 44 | *22 | 71 | *15 |
| $35,000–$54,999 | 320 | 123 | 40 | *2 | 43 | 17 | 75 | *20 |
| $55,000–$74,999 | 212 | 94 | *18 | *5 | 26 | *7 | 55 | *6 |
| $75,000 or more | 383 | 219 | *9 | *2 | 39 | *7 | 96 | *11 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 438 | 86 | 198 | *2 | 20 | 29 | 84 | 18 |
| Near poor | 444 | 142 | 92 | *9 | 54 | 26 | 93 | 29 |
| Not poor | 824 | 405 | 88 | *8 | 92 | 26 | 183 | 20 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1,039 | 483 | 115 | *12 | 108 | 32 | 242 | 47 |
| Rented | 626 | 134 | 247 | *8 | 55 | 48 | 115 | 18 |
| Some other arrangement | 38 | *14 | 16 | *– | *2 | *1 | *3 | *2 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 917 | 434 | 126 | *7 | 105 | 26 | 203 | *16 |
| Medicaid | 545 | 110 | 208 | *10 | 39 | 41 | 98 | 39 |
| Other | 38 | *14 | *6 | *– | *5 | *4 | *8 | *– |
| Uninsured | 202 | 74 | 38 | *3 | *17 | *10 | 49 | *11 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 546 | 158 | 144 | *4 | 50 | 31 | 131 | 28 |
| Small MSA | 825 | 362 | 163 | 9 | 76 | 21 | 168 | 24 |
| Not in MSA | 336 | 113 | 71 | *7 | 39 | 29 | 62 | *15 |
| **Region** | | | | | | | | |
| Northeast | 302 | 145 | 62 | *1 | *11 | *10 | 61 | *13 |
| Midwest | 442 | 159 | 104 | *6 | 47 | 24 | 86 | *16 |
| South | 638 | 213 | 146 | *10 | 72 | 26 | 142 | 29 |
| West | 324 | 117 | 67 | *3 | 35 | 21 | 72 | 9 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Having vision problems is based on a question that asked, ''Does [child's name] have any trouble seeing [if he/she is 2 or more years of age] even when wearing glasses or contact lenses?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to vision problems and family structure are not included in the column labeled ''All children under age 18 with vision problems'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 24. Percentages (with standard errors) of children under age 18 with vision problems, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with vision problems | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 2.3 (0.07) | 1.8 (0.09) | 3.2 (0.19) | 1.9 (0.43) | 2.6 (0.25) | 3.6 (0.49) | 2.6 (0.16) | 3.0 (0.43) |
| Sex | | | | | | | | |
| Male | 2.4 (0.10) | 1.9 (0.14) | 3.3 (0.27) | *1.9 (0.64) | 2.9 (0.36) | 3.3 (0.68) | 2.4 (0.20) | 3.3 (0.68) |
| Female | 2.3 (0.10) | 1.6 (0.12) | 3.0 (0.26) | *1.9 (0.58) | 2.4 (0.33) | 3.9 (0.69) | 2.9 (0.26) | 2.6 (0.53) |
| Age | | | | | | | | |
| 0–4 years | 0.9 (0.08) | 0.9 (0.12) | 0.9 (0.20) | *0.5 (0.19) | *0.5 (0.22) | *1.3 (0.51) | 1.0 (0.22) | *1.7 (0.64) |
| 5–17 years | 2.9 (0.09) | 2.2 (0.12) | 3.8 (0.24) | 4.1 (1.07) | 3.2 (0.31) | 4.4 (0.63) | 3.1 (0.20) | 3.4 (0.53) |
| 5–11 years | 2.5 (0.12) | 2.1 (0.16) | 3.1 (0.30) | *3.6 (1.10) | 3.1 (0.42) | 3.3 (0.72) | 2.6 (0.28) | 2.9 (0.73) |
| 12–17 years | 3.3 (0.14) | 2.4 (0.19) | 4.5 (0.35) | *5.6 (2.58) | 3.4 (0.46) | 6.0 (1.14) | 3.4 (0.27) | 3.8 (0.77) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 2.5 (0.13) | 2.0 (0.19) | 3.5 (0.39) | *1.4 (0.74) | 2.5 (0.49) | 4.4 (1.25) | 2.4 (0.24) | 3.1 (0.77) |
| Mexican or Mexican American | 2.3 (0.15) | 2.0 (0.23) | 3.3 (0.48) | *0.4 (0.29) | 3.2 (0.69) | *2.8 (1.05) | 2.1 (0.27) | 2.2 (0.60) |
| Not Hispanic or Latino | 2.3 (0.08) | 1.8 (0.10) | 3.1 (0.22) | 2.1 (0.53) | 2.6 (0.28) | 3.4 (0.53) | 2.7 (0.21) | 2.9 (0.51) |
| White, single race | 2.2 (0.10) | 1.8 (0.12) | 2.9 (0.29) | *2.4 (0.76) | 2.7 (0.33) | 3.0 (0.55) | 2.8 (0.27) | 3.0 (0.75) |
| Black or African American, single race | 2.7 (0.19) | 1.5 (0.31) | 3.5 (0.35) | *2.1 (0.83) | 2.3 (0.54) | *4.5 (1.37) | 2.4 (0.34) | 3.3 (0.82) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 2.9 (0.20) | 2.1 (0.31) | 4.0 (0.46) | *0.7 (0.54) | 2.8 (0.80) | 6.0 (1.57) | 2.6 (0.34) | *2.5 (1.35) |
| High school diploma or GED[6] | 2.6 (0.15) | 2.3 (0.24) | 3.1 (0.38) | *1.8 (0.65) | 2.8 (0.49) | 3.3 (0.70) | 2.4 (0.27) | *3.0 (1.68) |
| More than high school diploma | 2.1 (0.09) | 1.7 (0.11) | 2.9 (0.25) | *2.6 (0.83) | 2.5 (0.31) | 2.7 (0.58) | 2.7 (0.24) | *4.6 (1.42) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 3.3 (0.20) | 2.6 (0.38) | 3.8 (0.30) | *1.0 (0.69) | 2.2 (0.65) | 5.1 (1.23) | 3.0 (0.49) | 3.1 (0.81) |
| $20,000–$34,999 | 2.9 (0.19) | 2.7 (0.34) | 2.8 (0.30) | *2.7 (0.95) | 3.9 (0.75) | 4.2 (1.24) | 2.9 (0.40) | *2.9 (0.91) |
| $35,000–$54,999 | 2.3 (0.15) | 1.9 (0.20) | 2.2 (0.45) | *0.7 (0.43) | 2.7 (0.55) | 3.2 (0.83) | 2.7 (0.40) | *3.9 (1.22) |
| $55,000–$74,999 | 1.9 (0.20) | 1.5 (0.22) | *2.9 (1.00) | *4.5 (2.30) | 2.2 (0.53) | *2.3 (0.92) | 2.6 (0.45) | *2.0 (0.86) |
| $75,000 or more | 1.7 (0.11) | 1.5 (0.13) | *1.6 (0.70) | *2.2 (1.52) | 2.2 (0.42) | *2.0 (0.84) | 2.2 (0.28) | *2.6 (1.08) |
| Poverty status[8] | | | | | | | | |
| Poor | 3.2 (0.21) | 2.6 (0.39) | 4.0 (0.34) | *0.9 (0.67) | 2.4 (0.70) | 5.0 (1.34) | 2.9 (0.43) | 2.9 (0.79) |
| Near poor | 2.7 (0.16) | 2.4 (0.27) | 2.7 (0.30) | *2.5 (0.78) | 3.3 (0.60) | 3.9 (1.01) | 2.6 (0.36) | 4.2 (1.01) |
| Not poor | 1.9 (0.08) | 1.6 (0.10) | 2.5 (0.30) | *2.0 (0.74) | 2.4 (0.30) | 2.6 (0.51) | 2.5 (0.21) | 2.1 (0.55) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 2.1 (0.08) | 1.7 (0.10) | 2.7 (0.28) | *3.0 (0.97) | 2.5 (0.29) | 3.5 (0.72) | 2.5 (0.19) | 3.1 (0.56) |
| Rented | 2.8 (0.14) | 2.1 (0.22) | 3.4 (0.25) | *1.3 (0.40) | 2.9 (0.47) | 3.8 (0.71) | 2.9 (0.33) | 2.7 (0.71) |
| Some other arrangement | 2.7 (0.49) | *2.4 (0.81) | 4.6 (1.16) | *– | *1.8 (1.16) | *1.4 (1.38) | *1.3 (0.70) | *3.6 (2.51) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 2.0 (0.09) | 1.6 (0.10) | 2.6 (0.26) | *1.8 (0.63) | 2.6 (0.31) | 3.0 (0.69) | 2.7 (0.24) | *2.4 (0.74) |
| Medicaid | 2.9 (0.15) | 2.4 (0.29) | 3.7 (0.31) | *1.8 (0.58) | 2.7 (0.54) | 4.1 (0.81) | 2.3 (0.25) | 3.4 (0.64) |
| Other | 2.4 (0.48) | *1.8 (0.66) | *2.5 (0.96) | *– | *2.4 (1.35) | *7.0 (4.91) | *3.2 (1.28) | *– |
| Uninsured | 2.9 (0.23) | 2.6 (0.38) | 3.4 (0.48) | *2.7 (1.98) | *2.8 (0.89) | *3.1 (1.06) | 2.8 (0.46) | *3.2 (1.16) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 2.6 (0.13) | 1.9 (0.18) | 3.1 (0.29) | *1.0 (0.63) | 3.3 (0.49) | 4.6 (0.91) | 2.9 (0.30) | 3.5 (0.77) |
| Small MSA | 2.1 (0.09) | 1.8 (0.13) | 3.2 (0.28) | 2.0 (0.59) | 2.4 (0.33) | 2.0 (0.57) | 2.3 (0.20) | 2.5 (0.63) |
| Not in MSA | 2.5 (0.20) | 1.8 (0.21) | 3.3 (0.49) | *3.1 (1.29) | 2.5 (0.56) | 5.1 (1.23) | 2.8 (0.49) | *2.9 (0.91) |
| Region | | | | | | | | |
| Northeast | 2.3 (0.17) | 2.2 (0.26) | 2.9 (0.37) | *0.6 (0.37) | *1.4 (0.43) | *2.8 (0.94) | 2.3 (0.38) | *4.0 (1.51) |
| Midwest | 2.6 (0.17) | 1.8 (0.21) | 3.7 (0.44) | *2.2 (0.86) | 2.9 (0.59) | 3.9 (0.94) | 3.1 (0.41) | *3.6 (1.22) |
| South | 2.4 (0.12) | 1.7 (0.13) | 3.0 (0.31) | *3.0 (1.06) | 2.7 (0.37) | 3.1 (0.77) | 2.9 (0.29) | 3.0 (0.61) |
| West | 2.0 (0.14) | 1.5 (0.17) | 3.1 (0.42) | *1.1 (0.59) | 2.8 (0.56) | 4.6 (1.32) | 2.0 (0.27) | 1.8 (0.48) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Having vision problems is based on a question that asked, ''Does [child's name] have any trouble seeing [if he/she is 2 or more years of age] even when wearing glasses or contact lenses?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to vision problems and family structure are not included in the column labeled ''All children under age 18 with vision problems'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 25. Frequencies of children aged 4–17 with a basic action disability, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 with a basic action disability | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 9,705 | 3,259 | 2,243 | 85 | 1,213 | 424 | 2,012 | 470 |
| **Sex** | | | | | | | | |
| Male | 6,041 | 2,050 | 1,375 | 58 | 773 | 261 | 1,252 | 273 |
| Female | 3,663 | 1,208 | 868 | 27 | 440 | 163 | 760 | 197 |
| **Age** | | | | | | | | |
| 4–17 years | 9,705 | 3,259 | 2,243 | 85 | 1,213 | 424 | 2,012 | 470 |
| 4–11 years | 4,616 | 1,751 | 1,103 | 57 | 621 | 224 | 670 | 189 |
| 12–17 years | 5,089 | 1,508 | 1,139 | 27 | 592 | 200 | 1,342 | 281 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1,414 | 428 | 313 | 21 | 146 | 54 | 383 | 68 |
| Mexican or Mexican American | 893 | 302 | 160 | 12 | 101 | 27 | 244 | 46 |
| Not Hispanic or Latino | 8,291 | 2,831 | 1,929 | 63 | 1,067 | 369 | 1,629 | 402 |
| White, single race | 6,262 | 2,515 | 1,117 | 47 | 896 | 272 | 1,202 | 213 |
| Black or African American, single race | 1,528 | 165 | 674 | 13 | 126 | 69 | 318 | 162 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 1,201 | 231 | 426 | 14 | 86 | 91 | 338 | *15 |
| High school diploma or GED[6] | 2,421 | 653 | 633 | 34 | 361 | 142 | 562 | 37 |
| More than high school diploma | 5,607 | 2,368 | 1,058 | 37 | 754 | 182 | 1,083 | 125 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 2,151 | 280 | 1,176 | 19 | 141 | 81 | 344 | 111 |
| $20,000–$34,999 | 1,817 | 416 | 563 | 23 | 229 | 119 | 364 | 102 |
| $35,000–$54,999 | 1,898 | 642 | 307 | 20 | 321 | 102 | 407 | 99 |
| $55,000–$74,999 | 1,345 | 557 | 116 | 13 | 224 | 50 | 318 | 67 |
| $75,000 or more | 2,494 | 1,365 | 80 | *8 | 298 | 72 | 579 | 92 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 2,150 | 311 | 998 | 18 | 171 | 86 | 439 | 127 |
| Near poor | 2,363 | 567 | 641 | 32 | 326 | 140 | 499 | 158 |
| Not poor | 5,192 | 2,380 | 604 | 35 | 716 | 198 | 1,073 | 186 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 6,284 | 2,697 | 815 | 42 | 805 | 185 | 1,412 | 329 |
| Rented | 3,201 | 505 | 1,360 | 42 | 373 | 232 | 558 | 129 |
| Some other arrangement | 200 | 50 | 66 | *1 | 33 | *7 | 36 | *8 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 5,403 | 2,427 | 824 | 27 | 770 | 168 | 1,071 | 117 |
| Medicaid | 3,165 | 510 | 1,159 | 45 | 306 | 185 | 671 | 290 |
| Other | 217 | 88 | 36 | *1 | 35 | *13 | 37 | *8 |
| Uninsured | 897 | 231 | 221 | 13 | 101 | 56 | 221 | 54 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 2,717 | 708 | 825 | 21 | 277 | 108 | 613 | 165 |
| Small MSA | 5,063 | 1,962 | 991 | 43 | 602 | 210 | 1,059 | 196 |
| Not in MSA | 1,924 | 588 | 426 | 21 | 333 | 106 | 340 | 108 |
| **Region** | | | | | | | | |
| Northeast | 1,710 | 626 | 378 | 18 | 130 | 75 | 412 | 70 |
| Midwest | 2,444 | 826 | 577 | 23 | 314 | 98 | 457 | 148 |
| South | 3,744 | 1,190 | 912 | 23 | 559 | 167 | 713 | 180 |
| West | 1,807 | 616 | 376 | 20 | 210 | 83 | 430 | 72 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Children were considered to have a basic action disability if they had any one of the following

problems: a lot of trouble hearing or deafness; trouble seeing; limitations in their ability to crawl, walk, run, or play; difficulty remembering; mental retardation; Down syndrome; autism; a learning disability; attention deficit hyperactivity disorder; or definite or severe emotional or behavioral difficulties. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this measure and family structure are not included in the column labeled ''All children aged 4–17 with a basic action disability'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 26. Percentages (with standard errors) of children aged 4–17 with a basic action disability, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 with a basic action disability | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 17.2 (0.20) | 12.5 (0.26) | 22.7 (0.52) | 17.7 (1.88) | 23.4 (0.78) | 23.9 (1.27) | 18.1 (0.45) | 25.8 (1.43) |
| Sex | | | | | | | | |
| Male | 21.0 (0.30) | 15.3 (0.40) | 28.3 (0.77) | 22.0 (2.72) | 29.3 (1.16) | 28.2 (1.87) | 21.7 (0.67) | 29.4 (2.03) |
| Female | 13.3 (0.26) | 9.6 (0.33) | 17.3 (0.66) | 12.6 (2.42) | 17.3 (1.01) | 19.2 (1.65) | 14.2 (0.58) | 22.0 (2.02) |
| Age | | | | | | | | |
| 4–17 years | 17.2 (0.20) | 12.5 (0.26) | 22.7 (0.52) | 17.7 (1.88) | 23.4 (0.78) | 23.9 (1.27) | 18.1 (0.45) | 25.8 (1.43) |
| 4–11 years | 14.5 (0.26) | 10.6 (0.30) | 20.3 (0.68) | 15.7 (1.95) | 22.1 (1.16) | 20.0 (1.46) | 14.5 (0.63) | 20.6 (1.76) |
| 12–17 years | 20.8 (0.32) | 15.9 (0.48) | 25.6 (0.76) | 24.3 (4.68) | 25.0 (1.09) | 30.5 (2.35) | 20.6 (0.61) | 31.0 (2.24) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 13.8 (0.37) | 10.5 (0.55) | 18.7 (1.00) | 14.0 (2.47) | 18.8 (1.56) | 17.3 (2.25) | 13.4 (0.63) | 17.8 (2.21) |
| Mexican or Mexican American | 12.8 (0.43) | 10.3 (0.64) | 17.5 (1.32) | 11.6 (2.46) | 19.4 (1.90) | 13.2 (2.21) | 12.3 (0.73) | 16.4 (2.58) |
| Not Hispanic or Latino | 18.0 (0.24) | 12.9 (0.29) | 23.5 (0.59) | 19.5 (2.52) | 24.2 (0.88) | 25.3 (1.46) | 19.7 (0.56) | 27.9 (1.69) |
| White, single race | 18.4 (0.28) | 13.6 (0.33) | 24.7 (0.79) | 22.9 (3.42) | 25.7 (1.02) | 25.6 (1.80) | 21.6 (0.72) | 28.4 (2.29) |
| Black or African American, single race | 18.6 (0.55) | 10.3 (0.88) | 21.5 (0.95) | 16.7 (4.27) | 18.1 (1.80) | 23.5 (2.92) | 17.2 (0.99) | 28.9 (2.70) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 17.3 (0.54) | 11.3 (0.85) | 23.9 (1.20) | 12.8 (3.24) | 21.5 (2.64) | 25.8 (2.74) | 15.9 (0.92) | *11.5 (3.64) |
| High school diploma or GED[6] | 19.2 (0.44) | 14.4 (0.63) | 22.7 (0.98) | 18.4 (3.22) | 25.4 (1.57) | 22.4 (2.01) | 19.4 (0.85) | 22.9 (5.17) |
| More than high school diploma | 16.1 (0.26) | 12.3 (0.31) | 21.9 (0.72) | 20.0 (3.18) | 22.7 (0.98) | 23.5 (1.99) | 18.3 (0.63) | 33.7 (3.99) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 23.0 (0.54) | 14.3 (0.96) | 26.1 (0.81) | 16.6 (3.78) | 29.4 (2.75) | 22.7 (2.68) | 21.7 (1.21) | 30.3 (3.15) |
| $20,000–$34,999 | 18.9 (0.53) | 13.0 (0.80) | 21.1 (0.97) | 17.8 (3.48) | 25.4 (2.03) | 28.9 (3.00) | 19.3 (1.17) | 24.3 (2.79) |
| $35,000–$54,999 | 17.6 (0.48) | 13.6 (0.65) | 18.8 (1.19) | 16.1 (3.83) | 25.2 (1.69) | 24.0 (2.70) | 18.3 (1.00) | 23.7 (3.04) |
| $55,000–$74,999 | 15.8 (0.52) | 12.1 (0.61) | 20.0 (2.20) | 26.2 (6.74) | 22.1 (1.82) | 19.6 (3.26) | 17.8 (1.22) | 25.5 (4.81) |
| $75,000 or more | 13.9 (0.37) | 11.8 (0.41) | 16.3 (2.07) | *15.9 (5.05) | 19.7 (1.48) | 22.3 (3.02) | 15.9 (0.80) | 25.6 (3.42) |
| Poverty status[8] | | | | | | | | |
| Poor | 21.9 (0.54) | 13.6 (0.93) | 26.1 (0.92) | 15.0 (3.78) | 28.2 (2.57) | 21.6 (2.76) | 20.9 (1.10) | 27.1 (3.07) |
| Near poor | 19.1 (0.47) | 13.5 (0.75) | 22.4 (1.02) | 18.6 (3.41) | 25.5 (1.73) | 28.1 (2.78) | 18.0 (0.95) | 27.9 (2.94) |
| Not poor | 15.2 (0.24) | 12.2 (0.30) | 18.9 (0.77) | 18.6 (2.95) | 21.7 (0.94) | 22.6 (1.77) | 17.2 (0.59) | 23.5 (1.97) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 16.0 (0.24) | 12.5 (0.29) | 21.1 (0.79) | 19.0 (2.92) | 22.6 (0.91) | 23.8 (1.83) | 17.6 (0.54) | 26.3 (1.73) |
| Rented | 20.2 (0.41) | 12.5 (0.60) | 23.8 (0.71) | 17.1 (2.56) | 24.8 (1.54) | 24.6 (1.82) | 19.4 (0.88) | 25.3 (2.72) |
| Some other arrangement | 19.9 (1.51) | 13.1 (2.01) | 23.7 (2.85) | *7.2 (7.01) | 35.5 (6.95) | *20.2 (9.01) | 21.4 (3.45) | *18.4 (7.11) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 15.1 (0.24) | 12.1 (0.29) | 18.9 (0.70) | 15.6 (2.72) | 22.5 (0.97) | 22.7 (1.97) | 16.5 (0.55) | 19.9 (2.59) |
| Medicaid | 23.9 (0.47) | 16.8 (0.89) | 26.7 (0.87) | 19.3 (2.93) | 28.1 (1.90) | 25.5 (2.05) | 22.8 (0.99) | 32.3 (2.16) |
| Other | 18.2 (1.31) | 16.3 (2.09) | 17.8 (3.19) | *9.2 (9.24) | 21.0 (3.80) | *28.5 (8.69) | 19.2 (3.12) | *20.4 (9.50) |
| Uninsured | 15.6 (0.57) | 10.1 (0.79) | 23.2 (1.58) | 18.8 (4.91) | 20.2 (2.43) | 22.0 (2.96) | 15.7 (1.02) | 18.8 (2.75) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 17.3 (0.38) | 11.9 (0.52) | 22.2 (0.84) | 12.4 (2.41) | 22.1 (1.46) | 21.1 (2.03) | 17.5 (0.78) | 26.1 (2.55) |
| Small MSA | 16.9 (0.29) | 12.9 (0.35) | 22.5 (0.78) | 19.6 (2.91) | 23.2 (1.13) | 25.5 (2.06) | 18.1 (0.61) | 24.7 (2.01) |
| Not in MSA | 18.1 (0.49) | 12.1 (0.61) | 24.2 (1.33) | 22.7 (5.30) | 25.1 (1.50) | 24.3 (2.26) | 19.2 (1.16) | 27.5 (3.20) |
| Region | | | | | | | | |
| Northeast | 16.7 (0.50) | 12.7 (0.60) | 21.1 (1.25) | 21.3 (4.91) | 19.5 (1.92) | 27.6 (3.41) | 18.7 (1.08) | 26.9 (3.66) |
| Midwest | 18.5 (0.45) | 12.9 (0.54) | 24.7 (1.19) | 18.7 (4.20) | 24.3 (1.62) | 20.9 (2.44) | 20.3 (1.08) | 40.7 (3.68) |
| South | 18.3 (0.33) | 13.4 (0.45) | 23.2 (0.80) | 18.5 (3.47) | 25.6 (1.20) | 25.4 (2.15) | 18.8 (0.76) | 22.4 (1.97) |
| West | 14.5 (0.40) | 10.7 (0.51) | 20.6 (1.07) | 14.0 (2.80) | 20.1 (1.79) | 22.3 (2.43) | 14.9 (0.77) | 18.2 (2.41) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Children were considered to have a basic action disability if they had any one of the following

problems: a lot of trouble hearing or deafness; trouble seeing; limitations in their ability to crawl, walk, run, or play; difficulty remembering; mental retardation; Down syndrome; autism; a learning disability; attention deficit hyperactivity disorder; or definite or severe emotional or behavioral difficulties. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this measure and family structure are not included in the column labeled ''All children aged 4–17 with a basic action disability'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 27. Frequencies of children aged 3–17 who have ever been told they have a learning disability or ADHD, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 3–17 who have ever been told they have a learning disability or ADHD | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 6,922 | 2,315 | 1,571 | 48 | 883 | 302 | 1,431 | 371 |
| Sex | | | | | | | | |
| Male | 4,654 | 1,561 | 1,062 | 34 | 602 | 199 | 968 | 229 |
| Female | 2,269 | 754 | 509 | 15 | 282 | 103 | 464 | 142 |
| Age | | | | | | | | |
| 3–4 years | 207 | 73 | 49 | *2 | *27 | *9 | 30 | *17 |
| 5–17 years | 6,715 | 2,242 | 1,522 | 46 | 856 | 293 | 1,401 | 354 |
| 5–11 years | 3,092 | 1,149 | 744 | 28 | 434 | 147 | 451 | 138 |
| 12–17 years | 3,624 | 1,093 | 778 | 19 | 422 | 146 | 950 | 216 |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 941 | 297 | 204 | 14 | 97 | 31 | 251 | 47 |
| Mexican or Mexican American | 584 | 207 | 98 | 7 | 67 | 19 | 155 | 31 |
| Not Hispanic or Latino | 5,981 | 2,018 | 1,367 | 34 | 786 | 271 | 1,181 | 324 |
| White, single race | 4,604 | 1,823 | 826 | 24 | 662 | 209 | 879 | 180 |
| Black or African American, single race | 1,040 | 103 | 449 | *7 | 89 | 45 | 228 | 119 |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 819 | 154 | 280 | *5 | 66 | 68 | 237 | *9 |
| High school diploma or GED[6] | 1,736 | 475 | 463 | 24 | 246 | 95 | 401 | 32 |
| More than high school diploma | 4,010 | 1,679 | 739 | 19 | 562 | 133 | 775 | 103 |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 1,500 | 194 | 811 | *9 | 107 | 49 | 248 | 83 |
| $20,000–$34,999 | 1,263 | 282 | 389 | 11 | 172 | 84 | 251 | 74 |
| $35,000–$54,999 | 1,335 | 445 | 229 | 16 | 219 | 73 | 281 | 74 |
| $55,000–$74,999 | 979 | 396 | 83 | *7 | 164 | 37 | 233 | 58 |
| $75,000 or more | 1,845 | 999 | 59 | *5 | 221 | 59 | 420 | 82 |
| Poverty status[8] | | | | | | | | |
| Poor | 1,498 | 219 | 681 | *9 | 131 | 51 | 314 | 95 |
| Near poor | 1,640 | 381 | 451 | 17 | 237 | 95 | 345 | 113 |
| Not poor | 3,784 | 1,715 | 440 | 22 | 516 | 156 | 772 | 163 |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 4,535 | 1,927 | 582 | 22 | 592 | 134 | 1,010 | 270 |
| Rented | 2,235 | 349 | 945 | 26 | 272 | 163 | 391 | 90 |
| Some other arrangement | 136 | 33 | 43 | *1 | 19 | *6 | 27 | *7 |
| Health insurance coverage[10] | | | | | | | | |
| Private | 3,845 | 1,724 | 591 | 15 | 562 | 123 | 740 | 89 |
| Medicaid | 2,334 | 383 | 818 | 23 | 228 | 132 | 511 | 239 |
| Other | 149 | 66 | 18 | *1 | 24 | *8 | 26 | *7 |
| Uninsured | 580 | 139 | 142 | *10 | 68 | 38 | 147 | 36 |
| Place of residence[11] | | | | | | | | |
| Large MSA | 1,827 | 485 | 555 | 13 | 173 | 67 | 412 | 123 |
| Small MSA | 3,698 | 1,393 | 722 | 25 | 465 | 165 | 769 | 159 |
| Not in MSA | 1,397 | 437 | 294 | *11 | 245 | 71 | 251 | 89 |
| Region | | | | | | | | |
| Northeast | 1,260 | 447 | 277 | 17 | 98 | 62 | 304 | 56 |
| Midwest | 1,744 | 579 | 388 | 13 | 239 | 66 | 334 | 125 |
| South | 2,699 | 881 | 658 | *8 | 400 | 122 | 503 | 127 |
| West | 1,219 | 407 | 249 | 10 | 146 | 53 | 290 | 63 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of learning disability or ADHD is based on separate questions, "Has a representative from a school or a health professional ever told you that [child's name] had a learning disability?" and "Has a doctor or health professional ever told you that [child's name] had Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to learning disability or ADHD and family structure are not included in the column labeled "All children aged 3–17 who have ever been told they have a learning disability or ADHD" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ""Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 28. Percentages (with standard errors) of children aged 3–17 who have ever been told they have a learning disability or ADHD, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 3–17 who have ever been told they have a learning disability or ADHD | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 11.4 (0.17) | 8.1 (0.20) | 14.9 (0.43) | 8.4 (1.22) | 16.1 (0.71) | 15.6 (1.05) | 12.1 (0.37) | 19.0 (1.28) |
| Sex | | | | | | | | |
| Male | 14.9 (0.26) | 10.6 (0.32) | 20.4 (0.66) | 10.8 (1.80) | 21.5 (1.10) | 19.9 (1.60) | 15.7 (0.58) | 22.7 (1.85) |
| Female | 7.6 (0.20) | 5.4 (0.25) | 9.5 (0.50) | 5.5 (1.54) | 10.5 (0.79) | 11.0 (1.32) | 8.1 (0.46) | 15.0 (1.75) |
| Age | | | | | | | | |
| 3–4 years | 2.6 (0.24) | 1.6 (0.23) | 4.3 (0.83) | *1.1 (0.97) | *4.9 (1.65) | *3.2 (1.63) | 2.6 (0.49) | *7.7 (2.86) |
| 5–17 years | 12.7 (0.19) | 9.3 (0.24) | 16.2 (0.47) | 11.5 (1.68) | 17.4 (0.74) | 17.8 (1.19) | 13.1 (0.41) | 20.4 (1.38) |
| 5–11 years | 11.0 (0.24) | 7.9 (0.29) | 15.2 (0.64) | 9.4 (1.71) | 17.0 (1.08) | 15.0 (1.40) | 11.0 (0.61) | 16.8 (1.74) |
| 12–17 years | 14.6 (0.28) | 11.4 (0.42) | 17.3 (0.65) | 16.8 (4.00) | 17.7 (1.00) | 22.0 (2.18) | 14.4 (0.53) | 23.6 (2.12) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 8.4 (0.29) | 6.6 (0.43) | 11.3 (0.78) | 7.9 (1.83) | 11.7 (1.33) | 8.9 (1.41) | 8.1 (0.49) | 11.4 (1.75) |
| Mexican or Mexican American | 7.7 (0.35) | 6.3 (0.50) | 9.9 (1.04) | 6.1 (1.70) | 12.0 (1.74) | 8.4 (1.70) | 7.2 (0.56) | 10.3 (2.06) |
| Not Hispanic or Latino | 12.0 (0.20) | 8.4 (0.23) | 15.6 (0.48) | 8.6 (1.57) | 16.9 (0.80) | 17.1 (1.24) | 13.5 (0.46) | 21.0 (1.51) |
| White, single race | 12.5 (0.23) | 9.0 (0.26) | 17.4 (0.68) | 9.4 (2.13) | 18.0 (0.94) | 18.2 (1.57) | 15.1 (0.61) | 22.3 (2.06) |
| Black or African American, single race | 11.7 (0.42) | 5.8 (0.60) | 13.2 (0.76) | *7.7 (2.70) | 12.1 (1.47) | 13.7 (2.37) | 11.4 (0.82) | 20.2 (2.34) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 10.8 (0.44) | 6.9 (0.65) | 14.2 (0.97) | *4.0 (1.33) | 15.2 (2.32) | 17.1 (2.13) | 10.4 (0.79) | *7.0 (3.10) |
| High school diploma or GED[6] | 12.8 (0.37) | 9.7 (0.53) | 15.7 (0.79) | 10.8 (2.30) | 16.1 (1.33) | 13.7 (1.67) | 12.8 (0.71) | 18.7 (4.74) |
| More than high school diploma | 10.7 (0.21) | 7.9 (0.23) | 14.5 (0.60) | 8.5 (1.99) | 16.2 (0.87) | 16.0 (1.69) | 12.4 (0.51) | 25.3 (3.72) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 14.5 (0.43) | 8.8 (0.73) | 16.5 (0.68) | *6.6 (2.30) | 20.4 (2.34) | 11.9 (2.02) | 14.3 (0.97) | 21.3 (2.73) |
| $20,000–$34,999 | 12.1 (0.43) | 7.9 (0.62) | 13.9 (0.79) | 7.2 (2.04) | 17.8 (1.86) | 18.7 (2.50) | 12.3 (1.00) | 16.3 (2.46) |
| $35,000–$54,999 | 11.4 (0.39) | 8.5 (0.50) | 13.5 (1.04) | 10.2 (2.86) | 16.2 (1.36) | 15.7 (2.17) | 11.8 (0.85) | 16.6 (2.62) |
| $55,000–$74,999 | 10.7 (0.43) | 7.9 (0.48) | 13.6 (1.84) | *11.0 (4.34) | 15.6 (1.65) | 13.8 (2.83) | 12.5 (1.06) | 21.2 (4.68) |
| $75,000 or more | 9.5 (0.29) | 7.9 (0.33) | 11.3 (1.75) | *8.3 (3.48) | 13.9 (1.32) | 17.3 (2.77) | 10.9 (0.64) | 21.0 (3.16) |
| Poverty status[8] | | | | | | | | |
| Poor | 13.9 (0.44) | 8.5 (0.73) | 16.3 (0.78) | *6.2 (2.32) | 19.9 (2.22) | 11.3 (2.05) | 13.7 (0.92) | 18.8 (2.64) |
| Near poor | 12.2 (0.39) | 8.1 (0.59) | 14.8 (0.82) | 8.4 (2.24) | 17.4 (1.46) | 17.3 (2.25) | 11.6 (0.83) | 19.0 (2.74) |
| Not poor | 10.3 (0.20) | 8.0 (0.24) | 13.2 (0.65) | 9.6 (2.02) | 14.9 (0.83) | 16.7 (1.56) | 11.7 (0.48) | 19.1 (1.82) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 10.8 (0.20) | 8.2 (0.23) | 14.5 (0.67) | 8.6 (1.87) | 15.8 (0.80) | 16.0 (1.54) | 11.9 (0.45) | 20.0 (1.58) |
| Rented | 12.8 (0.32) | 7.6 (0.45) | 15.3 (0.57) | 8.3 (1.67) | 16.9 (1.37) | 15.5 (1.49) | 12.4 (0.68) | 16.5 (2.31) |
| Some other arrangement | 12.3 (1.10) | 7.7 (1.52) | 14.4 (2.29) | *5.0 (4.99) | 17.3 (4.24) | *16.6 (8.28) | 15.2 (2.83) | *16.2 (6.60) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 9.9 (0.19) | 7.8 (0.23) | 13.0 (0.59) | 7.5 (1.70) | 15.6 (0.84) | 15.6 (1.72) | 10.8 (0.44) | 14.1 (2.36) |
| Medicaid | 15.9 (0.40) | 11.1 (0.72) | 17.3 (0.71) | 7.9 (1.80) | 19.5 (1.67) | 16.4 (1.69) | 15.9 (0.85) | 24.6 (1.96) |
| Other | 11.6 (1.11) | 11.1 (1.85) | 8.5 (1.98) | *9.2 (9.24) | 13.9 (2.92) | *15.8 (6.29) | 12.6 (2.49) | *15.4 (8.48) |
| Uninsured | 9.5 (0.46) | 5.7 (0.58) | 14.1 (1.31) | *12.2 (3.90) | 12.9 (1.96) | 13.2 (2.21) | 9.8 (0.86) | 12.2 (2.27) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 10.7 (0.30) | 7.4 (0.40) | 13.9 (0.67) | 6.1 (1.62) | 13.1 (1.21) | 12.0 (1.57) | 10.9 (0.61) | 18.3 (2.29) |
| Small MSA | 11.4 (0.23) | 8.3 (0.28) | 15.4 (0.66) | 9.5 (1.88) | 16.8 (1.02) | 18.5 (1.82) | 12.3 (0.51) | 18.8 (1.74) |
| Not in MSA | 12.2 (0.43) | 8.3 (0.49) | 15.6 (1.05) | *10.0 (3.43) | 17.6 (1.41) | 14.4 (1.69) | 13.5 (1.07) | 20.5 (3.02) |
| Region | | | | | | | | |
| Northeast | 11.4 (0.38) | 8.2 (0.47) | 14.5 (1.00) | 16.3 (4.17) | 13.7 (1.70) | 20.4 (2.85) | 13.2 (0.88) | 19.4 (2.85) |
| Midwest | 12.2 (0.36) | 8.2 (0.40) | 15.6 (0.97) | 8.4 (2.31) | 17.3 (1.39) | 12.9 (2.00) | 14.0 (0.95) | 32.8 (3.65) |
| South | 12.2 (0.29) | 9.0 (0.37) | 15.6 (0.67) | *5.3 (1.89) | 17.4 (1.14) | 16.8 (1.81) | 12.4 (0.60) | 14.7 (1.61) |
| West | 9.1 (0.34) | 6.4 (0.37) | 12.8 (0.84) | 6.3 (1.63) | 13.3 (1.65) | 13.2 (1.89) | 9.4 (0.66) | 14.9 (2.33) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of learning disability or ADHD is based on separate questions, ''Has a representative from a school or a health professional ever told you that [child's name] had a learning disability?'' and ''Has a doctor or health professional ever told you that [child's name] had Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to learning disability or ADHD and family structure are not included in the column labeled ''All children aged 3–17 who have ever been told they have a learning disability or ADHD'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 29. Frequencies of children aged 5–17 who missed 6 or more school days in the past 12 months due to illness or injury, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 5–17 who missed 6 or more school days in the past 12 months due to illness or injury | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 8,144 | 3,127 | 1,797 | 68 | 777 | 303 | 1,810 | 261 |
| **Sex** | | | | | | | | |
| Male | 4,067 | 1,566 | 870 | 46 | 402 | 146 | 899 | 137 |
| Female | 4,077 | 1,561 | 928 | 23 | 375 | 157 | 911 | 123 |
| **Age** | | | | | | | | |
| 5–17 years | 8,144 | 3,127 | 1,797 | 68 | 777 | 303 | 1,810 | 261 |
| 5–11 years | 4,006 | 1,807 | 812 | 45 | 416 | 159 | 657 | 109 |
| 12–17 years | 4,139 | 1,319 | 985 | 24 | 361 | 145 | 1,153 | 151 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1,247 | 383 | 305 | 15 | 97 | 48 | 353 | 48 |
| Mexican or Mexican American | 812 | 276 | 159 | 8 | 61 | 31 | 243 | 34 |
| Not Hispanic or Latino | 6,897 | 2,744 | 1,493 | 54 | 681 | 255 | 1,458 | 213 |
| White, single race | 5,562 | 2,488 | 997 | 35 | 587 | 207 | 1,120 | 129 |
| Black or African American, single race | 938 | 111 | 409 | *8 | 72 | 27 | 245 | 66 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 1,094 | 243 | 386 | 10 | 80 | 64 | 290 | *21 |
| High school diploma or GED[6] | 2,042 | 656 | 466 | 25 | 221 | 110 | 543 | 21 |
| More than high school diploma | 4,724 | 2,224 | 853 | 33 | 476 | 125 | 968 | 46 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 1,767 | 298 | 934 | 14 | 110 | 63 | 286 | 63 |
| $20,000–$34,999 | 1,514 | 415 | 461 | 25 | 140 | 81 | 323 | 68 |
| $35,000–$54,999 | 1,555 | 599 | 247 | *11 | 218 | 73 | 340 | 66 |
| $55,000–$74,999 | 1,155 | 550 | 84 | *13 | 136 | 40 | 298 | 34 |
| $75,000 or more | 2,153 | 1,264 | 71 | *5 | 174 | 46 | 564 | 29 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 1,746 | 338 | 766 | *14 | 117 | 71 | 357 | 83 |
| Near poor | 1,930 | 520 | 547 | 29 | 213 | 86 | 447 | 88 |
| Not poor | 4,468 | 2,269 | 484 | 26 | 448 | 146 | 1,006 | 89 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 5,343 | 2,546 | 693 | 36 | 528 | 133 | 1,234 | 172 |
| Rented | 2,605 | 535 | 1,039 | 32 | 230 | 161 | 535 | 74 |
| Some other arrangement | 180 | 45 | 64 | *– | 17 | *4 | 38 | *12 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 4,704 | 2,323 | 692 | 26 | 487 | 108 | 1,000 | 68 |
| Medicaid | 2,493 | 493 | 911 | 30 | 195 | 133 | 587 | 145 |
| Other | 133 | 47 | 26 | *– | *13 | *16 | 24 | *8 |
| Uninsured | 791 | 259 | 164 | *11 | 78 | 44 | 194 | 39 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 2,158 | 665 | 606 | 24 | 172 | 78 | 528 | 84 |
| Small MSA | 4,279 | 1,791 | 835 | 31 | 381 | 149 | 988 | 103 |
| Not in MSA | 1,707 | 670 | 357 | *13 | 224 | 75 | 294 | 73 |
| **Region** | | | | | | | | |
| Northeast | 1,591 | 613 | 366 | *13 | 106 | 51 | 404 | 38 |
| Midwest | 1,905 | 767 | 412 | *17 | 202 | 79 | 377 | 52 |
| South | 2,890 | 1,069 | 666 | *17 | 321 | 100 | 605 | 112 |
| West | 1,758 | 677 | 354 | 21 | 148 | 74 | 425 | 59 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Number of missed school days is obtained from a question that asked, ''During the past 12 months, about how many days did [child's name] miss school because of illness or injury?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to missed school days and family structure are not included in the column labeled ''All children aged 5–17 who missed 6 or more school days in the past 12 months due to illness or injury'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 30. Percentages (with standard errors) of children aged 5–17 who missed 6 or more school days in the past 12 months due to illness or injury, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 5–17 who missed 6 or more school days in the past 12 months due to illness or injury | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 15.8 (0.22) | 13.3 (0.29) | 19.7 (0.50) | 17.3 (2.26) | 16.1 (0.74) | 19.0 (1.24) | 17.4 (0.46) | 15.8 (1.12) |
| Sex | | | | | | | | |
| Male | 15.5 (0.29) | 12.9 (0.40) | 19.4 (0.68) | 21.4 (3.34) | 16.5 (1.07) | 17.4 (1.62) | 16.8 (0.65) | 16.2 (1.57) |
| Female | 16.2 (0.29) | 13.7 (0.40) | 20.0 (0.69) | 12.6 (2.62) | 15.7 (0.99) | 20.7 (1.90) | 18.1 (0.64) | 15.3 (1.64) |
| Age | | | | | | | | |
| 5–17 years | 15.8 (0.22) | 13.3 (0.29) | 19.7 (0.50) | 17.3 (2.26) | 16.1 (0.74) | 19.0 (1.24) | 17.4 (0.46) | 15.8 (1.12) |
| 5–11 years | 14.6 (0.29) | 12.8 (0.37) | 17.1 (0.64) | 15.8 (2.47) | 16.7 (1.12) | 16.6 (1.49) | 16.6 (0.74) | 13.8 (1.51) |
| 12–17 years | 17.1 (0.31) | 14.0 (0.44) | 22.5 (0.75) | 21.2 (5.00) | 15.5 (0.92) | 22.5 (2.16) | 18.0 (0.58) | 17.6 (1.65) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 13.5 (0.37) | 10.5 (0.54) | 19.9 (1.04) | 11.2 (2.70) | 13.5 (1.33) | 17.7 (2.63) | 13.5 (0.63) | 13.9 (1.98) |
| Mexican or Mexican American | 12.9 (0.45) | 10.4 (0.65) | 19.2 (1.36) | 9.3 (2.48) | 12.8 (1.59) | 17.3 (3.17) | 13.4 (0.77) | 13.6 (2.15) |
| Not Hispanic or Latino | 16.3 (0.25) | 13.8 (0.33) | 19.6 (0.56) | 20.4 (3.08) | 16.5 (0.84) | 19.2 (1.40) | 18.8 (0.57) | 16.3 (1.32) |
| White, single race | 17.8 (0.30) | 14.8 (0.37) | 23.5 (0.81) | 21.8 (3.78) | 18.0 (0.99) | 21.2 (1.73) | 21.5 (0.72) | 19.3 (2.08) |
| Black or African American, single race | 12.4 (0.46) | 7.6 (0.81) | 14.2 (0.74) | *12.5 (4.24) | 11.1 (1.47) | 10.5 (2.06) | 14.1 (1.02) | 12.8 (1.83) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 17.5 (0.60) | 13.1 (1.01) | 24.4 (1.31) | 11.5 (3.16) | 22.3 (2.83) | 19.9 (2.78) | 15.1 (0.90) | 19.5 (5.40) |
| High school diploma or GED[6] | 17.7 (0.44) | 16.0 (0.72) | 18.0 (0.84) | 17.0 (3.51) | 16.8 (1.47) | 19.5 (2.05) | 20.1 (0.88) | 14.7 (3.97) |
| More than high school diploma | 14.8 (0.26) | 12.7 (0.32) | 18.9 (0.70) | 21.0 (4.19) | 15.2 (0.85) | 17.8 (1.89) | 17.3 (0.66) | 13.2 (2.72) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 21.0 (0.56) | 17.0 (1.18) | 23.0 (0.78) | 14.4 (3.99) | 25.7 (2.90) | 20.5 (2.85) | 19.7 (1.23) | 19.6 (2.42) |
| $20,000–$34,999 | 17.4 (0.55) | 14.7 (0.86) | 18.6 (0.93) | 24.2 (5.51) | 17.3 (1.58) | 22.2 (3.05) | 18.5 (1.29) | 18.3 (2.63) |
| $35,000–$54,999 | 15.7 (0.50) | 14.2 (0.69) | 15.8 (1.14) | *11.0 (3.50) | 18.2 (1.71) | 18.8 (2.57) | 16.6 (0.99) | 16.8 (2.67) |
| $55,000–$74,999 | 14.7 (0.52) | 13.3 (0.68) | 15.2 (1.80) | 27.9 (7.67) | 14.1 (1.52) | 17.0 (3.23) | 17.9 (1.27) | 15.0 (2.92) |
| $75,000 or more | 12.9 (0.34) | 11.9 (0.42) | 15.0 (1.91) | *11.0 (4.39) | 12.2 (1.20) | 15.3 (2.81) | 16.3 (0.78) | 8.7 (1.73) |
| Poverty status[8] | | | | | | | | |
| Poor | 19.8 (0.56) | 16.3 (1.14) | 22.3 (0.85) | *13.7 (4.18) | 22.3 (2.52) | 20.8 (2.99) | 18.5 (1.16) | 20.3 (2.70) |
| Near poor | 17.2 (0.50) | 13.9 (0.77) | 20.6 (1.00) | 20.9 (4.49) | 18.2 (1.67) | 19.3 (2.63) | 17.5 (1.05) | 17.2 (2.23) |
| Not poor | 14.2 (0.25) | 12.8 (0.32) | 15.9 (0.69) | 16.5 (3.21) | 14.3 (0.84) | 18.0 (1.67) | 17.1 (0.62) | 12.2 (1.43) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 14.7 (0.25) | 13.0 (0.31) | 18.7 (0.75) | 19.6 (3.67) | 15.7 (0.91) | 18.0 (1.77) | 16.4 (0.53) | 15.0 (1.28) |
| Rented | 18.3 (0.43) | 15.0 (0.79) | 20.2 (0.67) | 15.8 (2.70) | 16.6 (1.20) | 19.7 (1.80) | 20.2 (0.92) | 16.4 (2.04) |
| Some other arrangement | 20.1 (1.60) | 13.8 (2.38) | 25.5 (2.94) | *– | 21.3 (5.75) | *16.5 (11.37) | 23.0 (3.90) | *28.9 (12.19) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 14.2 (0.24) | 12.7 (0.31) | 16.8 (0.69) | 18.1 (3.96) | 15.1 (0.85) | 15.6 (1.65) | 16.2 (0.55) | 12.1 (1.60) |
| Medicaid | 21.2 (0.50) | 18.5 (1.00) | 23.2 (0.81) | 16.1 (3.30) | 20.5 (1.93) | 21.5 (2.13) | 22.1 (1.08) | 18.4 (1.78) |
| Other | 12.3 (1.21) | 9.6 (1.64) | 14.5 (2.80) | *– | *8.5 (2.67) | 37.5 (10.95) | 13.7 (2.79) | *20.9 (8.01) |
| Uninsured | 15.0 (0.59) | 12.5 (0.94) | 18.8 (1.37) | 20.3 (5.55) | 16.1 (2.44) | 18.6 (3.24) | 14.8 (1.03) | 15.4 (2.73) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 15.1 (0.37) | 12.5 (0.57) | 17.8 (0.75) | 18.3 (3.53) | 14.5 (1.29) | 17.6 (2.26) | 16.3 (0.75) | 14.6 (1.93) |
| Small MSA | 15.6 (0.30) | 13.0 (0.39) | 20.3 (0.79) | 17.0 (3.23) | 15.7 (0.97) | 20.0 (1.84) | 17.9 (0.65) | 14.6 (1.55) |
| Not in MSA | 17.5 (0.58) | 15.2 (0.69) | 22.1 (1.25) | *16.6 (6.03) | 18.4 (1.79) | 18.5 (2.51) | 17.9 (1.10) | 19.9 (2.71) |
| Region | | | | | | | | |
| Northeast | 16.9 (0.52) | 13.7 (0.67) | 21.8 (1.25) | 19.5 (5.44) | 16.6 (1.96) | 20.2 (3.11) | 19.5 (1.10) | 16.3 (2.95) |
| Midwest | 15.7 (0.45) | 13.2 (0.58) | 19.3 (1.12) | 18.2 (5.31) | 16.9 (1.69) | 18.7 (2.67) | 17.6 (1.00) | 14.9 (2.48) |
| South | 15.5 (0.38) | 13.3 (0.53) | 18.3 (0.72) | 16.3 (4.45) | 15.8 (1.13) | 16.6 (1.82) | 17.2 (0.78) | 15.5 (1.63) |
| West | 15.5 (0.41) | 12.9 (0.56) | 20.9 (1.18) | 16.5 (3.45) | 15.4 (1.41) | 22.7 (2.79) | 16.0 (0.89) | 16.9 (2.57) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Number of missed school days is obtained from a question that asked, ''During the past 12 months, about how many days did [child's name] miss school because of illness or injury?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to missed school days and family structure are not included in the column labeled ''All children aged 5–17 who missed 6 or more school days in the past 12 months due to illness or injury'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 31. Frequencies of children under age 18 without any health insurance, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 without health insurance | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 7,008 | 2,823 | 1,088 | 114 | 591 | 321 | 1,727 | 343 |
| **Sex** | | | | | | | | |
| Male | 3,561 | 1,418 | 506 | 67 | 301 | 163 | 926 | 180 |
| Female | 3,447 | 1,405 | 582 | 47 | 290 | 159 | 801 | 163 |
| **Age** | | | | | | | | |
| 0–4 years | 1,504 | 673 | 173 | 58 | 96 | 78 | 361 | 65 |
| 5–17 years | 5,504 | 2,150 | 915 | 57 | 495 | 243 | 1,366 | 278 |
| 5–11 years | 2,785 | 1,283 | 425 | 39 | 258 | 134 | 554 | 93 |
| 12–17 years | 2,719 | 868 | 490 | 18 | 237 | 109 | 813 | 185 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 2,693 | 1,117 | 262 | 62 | 172 | 76 | 867 | 136 |
| Mexican or Mexican American | 2,104 | 916 | 172 | 45 | 126 | 51 | 684 | 109 |
| Not Hispanic or Latino | 4,315 | 1,706 | 826 | 52 | 419 | 245 | 860 | 207 |
| White, single race | 2,879 | 1,291 | 456 | 32 | 323 | 195 | 484 | 98 |
| Black or African American, single race | 850 | 157 | 278 | 12 | 69 | 30 | 229 | 76 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 2,058 | 818 | 269 | 37 | 102 | 98 | 697 | 37 |
| High school diploma or GED[6] | 1,877 | 718 | 292 | 42 | 218 | 107 | 461 | 40 |
| More than high school diploma | 2,669 | 1,254 | 455 | 36 | 255 | 112 | 510 | 48 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 1,829 | 616 | 563 | 32 | 102 | 78 | 361 | 77 |
| $20,000–$34,999 | 2,073 | 835 | 343 | 35 | 186 | 93 | 480 | 102 |
| $35,000–$54,999 | 1,654 | 705 | 139 | 29 | 172 | 87 | 438 | 83 |
| $55,000–$74,999 | 720 | 324 | 28 | 13 | 65 | 35 | 227 | *28 |
| $75,000 or more | 732 | 343 | 15 | *6 | 66 | 28 | 221 | 54 |
| Poverty status[8] | | | | | | | | |
| Poor | 2,041 | 731 | 461 | 30 | 121 | 85 | 509 | 104 |
| Near poor | 2,575 | 986 | 395 | 43 | 244 | 109 | 674 | 125 |
| Not poor | 2,391 | 1,107 | 232 | 42 | 226 | 127 | 544 | 113 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 3,624 | 1,653 | 346 | 37 | 315 | 110 | 983 | 181 |
| Rented | 3,148 | 1,066 | 705 | 75 | 262 | 197 | 698 | 145 |
| Some other arrangement | 178 | 79 | 33 | *2 | *10 | *8 | 33 | *11 |
| **Place of residence[10]** | | | | | | | | |
| Large MSA | 2,264 | 804 | 398 | 51 | 158 | 96 | 644 | 112 |
| Small MSA | 3,314 | 1,386 | 461 | 51 | 302 | 142 | 816 | 155 |
| Not in MSA | 1,430 | 633 | 229 | 13 | 130 | 82 | 266 | 76 |
| **Region** | | | | | | | | |
| Northeast | 701 | 248 | 124 | 13 | 70 | 34 | 178 | 34 |
| Midwest | 1,108 | 452 | 178 | 22 | 103 | 71 | 231 | 51 |
| South | 3,256 | 1,327 | 538 | 35 | 281 | 147 | 762 | 167 |
| West | 1,944 | 797 | 249 | 45 | 137 | 69 | 556 | 92 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Health insurance coverage is obtained from a question in the Family Core that asked, "[Are you/Is anyone] covered by health insurance or some other kind of health care plan?" A knowledgeable adult provided information on behalf of child respondents. Children with only Indian Health Service coverage are also considered uninsured (see Appendix II). Unknowns with respect to health insurance coverage and family structure are not included in the column labeled "All children under age 18 without health insurance" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 32. Percentages (with standard errors) of children under age 18 without any health insurance, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 without health insurance | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 9.6 (0.17) | 8.0 (0.23) | 9.1 (0.31) | 10.8 (0.96) | 9.4 (0.49) | 14.2 (0.94) | 12.6 (0.33) | 15.2 (0.91) |
| **Sex** | | | | | | | | |
| Male | 9.6 (0.22) | 7.8 (0.30) | 8.6 (0.40) | 12.1 (1.37) | 9.3 (0.69) | 13.9 (1.32) | 13.0 (0.45) | 15.7 (1.35) |
| Female | 9.7 (0.21) | 8.2 (0.29) | 9.7 (0.43) | 9.4 (1.31) | 9.4 (0.67) | 14.6 (1.34) | 12.1 (0.45) | 14.8 (1.27) |
| **Age** | | | | | | | | |
| 0–4 years | 7.5 (0.23) | 6.0 (0.29) | 6.9 (0.57) | 8.9 (1.12) | 7.0 (0.81) | 12.6 (1.72) | 11.6 (0.67) | 12.6 (1.73) |
| 5–17 years | 10.4 (0.20) | 8.9 (0.28) | 9.7 (0.35) | 13.9 (1.70) | 10.0 (0.58) | 14.8 (1.10) | 12.8 (0.37) | 16.0 (1.08) |
| 5–11 years | 9.9 (0.26) | 8.9 (0.33) | 8.7 (0.47) | 13.2 (1.92) | 10.1 (0.81) | 13.7 (1.38) | 13.6 (0.61) | 11.4 (1.30) |
| 12–17 years | 11.0 (0.26) | 9.0 (0.40) | 10.9 (0.50) | 16.0 (3.58) | 10.0 (0.81) | 16.5 (1.85) | 12.4 (0.44) | 20.2 (1.60) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 19.6 (0.40) | 19.9 (0.61) | 12.5 (0.69) | 18.8 (1.95) | 17.6 (1.27) | 18.5 (2.10) | 22.9 (0.73) | 26.3 (2.00) |
| Mexican or Mexican American | 22.3 (0.52) | 22.6 (0.77) | 14.8 (1.01) | 20.0 (2.27) | 18.9 (1.59) | 19.3 (2.51) | 25.6 (0.91) | 28.5 (2.44) |
| Not Hispanic or Latino | 7.3 (0.18) | 5.7 (0.23) | 8.4 (0.33) | 7.2 (1.03) | 7.9 (0.52) | 13.3 (1.05) | 8.6 (0.35) | 12.0 (1.04) |
| White, single race | 6.6 (0.20) | 5.2 (0.24) | 8.8 (0.48) | 6.7 (1.17) | 7.7 (0.61) | 14.8 (1.35) | 7.5 (0.42) | 10.8 (1.33) |
| Black or African American, single race | 8.0 (0.32) | 7.2 (0.75) | 7.0 (0.43) | 6.7 (1.81) | 8.1 (1.12) | 7.7 (1.34) | 9.7 (0.65) | 11.4 (1.53) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 22.0 (0.59) | 29.4 (1.30) | 11.5 (0.71) | 15.9 (2.29) | 20.2 (2.33) | 21.2 (2.29) | 24.4 (0.92) | 20.7 (3.81) |
| High school diploma or GED[6] | 11.6 (0.33) | 12.3 (0.56) | 8.6 (0.55) | 10.6 (1.42) | 12.2 (1.11) | 13.1 (1.59) | 12.4 (0.60) | 16.4 (3.00) |
| More than high school diploma | 6.0 (0.15) | 4.7 (0.18) | 8.1 (0.41) | 8.3 (1.40) | 6.5 (0.48) | 11.6 (1.36) | 7.4 (0.34) | 10.4 (2.10) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 14.2 (0.41) | 20.8 (1.03) | 9.7 (0.45) | 10.5 (1.58) | 15.6 (1.72) | 14.9 (2.05) | 16.9 (0.94) | 16.1 (1.90) |
| $20,000–$34,999 | 16.5 (0.44) | 18.2 (0.80) | 11.1 (0.65) | 12.4 (1.93) | 16.3 (1.38) | 17.5 (2.16) | 19.6 (0.94) | 19.8 (2.27) |
| $35,000–$54,999 | 11.8 (0.37) | 10.8 (0.52) | 7.7 (0.76) | 11.1 (2.26) | 11.1 (1.16) | 16.0 (2.12) | 15.7 (0.82) | 16.1 (2.17) |
| $55,000–$74,999 | 6.6 (0.32) | 5.2 (0.42) | 4.4 (1.20) | 11.0 (3.16) | 5.4 (0.97) | 12.0 (2.71) | 10.9 (0.92) | 9.1 (2.61) |
| $75,000 or more | 3.3 (0.17) | 2.3 (0.20) | 2.7 (0.69) | *6.0 (4.19) | 3.7 (0.76) | 7.6 (1.95) | 5.2 (0.40) | 12.2 (2.00) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 15.2 (0.47) | 22.1 (1.21) | 9.2 (0.50) | 10.8 (1.92) | 14.7 (1.60) | 14.9 (2.11) | 17.8 (0.90) | 17.0 (1.87) |
| Near poor | 15.9 (0.40) | 16.5 (0.67) | 11.6 (0.63) | 11.9 (1.79) | 15.2 (1.30) | 16.3 (1.89) | 19.0 (0.78) | 18.2 (1.94) |
| Not poor | 5.5 (0.15) | 4.3 (0.19) | 6.6 (0.45) | 9.9 (1.53) | 5.8 (0.50) | 12.5 (1.26) | 7.4 (0.35) | 11.9 (1.29) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 7.4 (0.18) | 5.9 (0.21) | 8.1 (0.49) | 9.5 (1.49) | 7.4 (0.54) | 11.9 (1.31) | 10.3 (0.37) | 12.0 (1.03) |
| Rented | 14.3 (0.31) | 16.7 (0.62) | 9.8 (0.39) | 11.9 (1.27) | 13.9 (1.02) | 15.6 (1.32) | 17.9 (0.67) | 21.8 (1.93) |
| Some other arrangement | 12.6 (1.10) | 13.4 (1.85) | 9.3 (1.72) | *6.8 (4.20) | *7.8 (2.95) | *18.3 (8.28) | 16.5 (2.77) | *19.2 (6.40) |
| **Place of residence[10]** | | | | | | | | |
| Large MSA | 10.9 (0.28) | 9.6 (0.44) | 8.6 (0.43) | 13.6 (1.81) | 10.3 (0.89) | 14.8 (1.81) | 14.4 (0.58) | 14.2 (1.30) |
| Small MSA | 8.6 (0.22) | 6.8 (0.27) | 8.9 (0.48) | 11.0 (1.37) | 9.5 (0.76) | 13.8 (1.36) | 11.5 (0.45) | 16.0 (1.43) |
| Not in MSA | 10.5 (0.54) | 9.9 (0.70) | 10.8 (0.81) | 5.8 (1.40) | 8.2 (0.85) | 14.3 (1.88) | 12.3 (0.97) | 15.3 (2.20) |
| **Region** | | | | | | | | |
| Northeast | 5.4 (0.26) | 3.8 (0.34) | 5.8 (0.53) | 7.2 (2.05) | 8.7 (1.55) | 9.7 (1.99) | 6.9 (0.60) | 10.2 (1.73) |
| Midwest | 6.4 (0.25) | 5.2 (0.35) | 6.3 (0.52) | 7.6 (1.49) | 6.4 (0.90) | 11.7 (1.96) | 8.5 (0.61) | 11.4 (1.82) |
| South | 12.2 (0.33) | 10.9 (0.46) | 11.2 (0.56) | 10.8 (1.67) | 10.6 (0.76) | 17.5 (1.62) | 15.9 (0.58) | 17.0 (1.53) |
| West | 12.1 (0.40) | 10.2 (0.51) | 11.5 (0.72) | 16.7 (2.36) | 11.0 (1.06) | 14.9 (1.89) | 15.4 (0.75) | 18.4 (1.88) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Health insurance coverage status is obtained from a question in the Family Core that asked, "[Are you/Is anyone] covered by health insurance or some other kind of health care plan?" A knowledgeable adult provided information on behalf of child respondents. Children with only Indian Health Service coverage are also considered uninsured (see Appendix II). Unknowns with respect to health insurance coverage and family structure are not included in the column labeled "All children under age 18 without health insurance" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 33. Frequencies of children under age 18 without a usual place of health care, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 without a usual place of health care | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 3,678 | 1,340 | 687 | 50 | 301 | 176 | 935 | 189 |
| Sex | | | | | | | | |
| Male | 1,944 | 705 | 338 | 21 | 167 | 104 | 500 | 109 |
| Female | 1,734 | 635 | 349 | 29 | 134 | 72 | 436 | 80 |
| Age | | | | | | | | |
| 0–4 years | 604 | 265 | 87 | 20 | 38 | 34 | 142 | 19 |
| 5–17 years | 3,074 | 1,075 | 600 | 30 | 263 | 142 | 794 | 171 |
| 5–11 years | 1,379 | 590 | 253 | *21 | 105 | 68 | 290 | 51 |
| 12–17 years | 1,696 | 485 | 347 | *9 | 158 | 74 | 504 | 120 |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 1,506 | 558 | 189 | 27 | 89 | 57 | 503 | 83 |
| Mexican or Mexican American | 1,188 | 459 | 129 | 17 | 63 | 44 | 408 | 68 |
| Not Hispanic or Latino | 2,172 | 782 | 497 | 23 | 211 | 119 | 433 | 106 |
| White, single race | 1,379 | 559 | 273 | 13 | 154 | 99 | 220 | 60 |
| Black or African American, single race | 493 | 89 | 189 | *4 | 43 | 16 | 124 | 28 |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 1,109 | 402 | 193 | 16 | 36 | 55 | 385 | 23 |
| High school diploma or GED[6] | 917 | 293 | 195 | *21 | 91 | 61 | 238 | *17 |
| More than high school diploma | 1,406 | 629 | 249 | 13 | 169 | 60 | 271 | *16 |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 1,061 | 327 | 371 | 16 | 40 | 49 | 216 | 42 |
| $20,000–$34,999 | 992 | 367 | 189 | 14 | 79 | 43 | 245 | 54 |
| $35,000–$54,999 | 756 | 255 | 86 | *13 | 79 | 48 | 227 | 47 |
| $55,000–$74,999 | 408 | 165 | 29 | *5 | 54 | *21 | 117 | 18 |
| $75,000 or more | 462 | 225 | 12 | *2 | 49 | *16 | 130 | 28 |
| Poverty status[8] | | | | | | | | |
| Poor | 1,173 | 382 | 319 | 12 | 47 | 50 | 308 | 54 |
| Near poor | 1,208 | 400 | 206 | 25 | 112 | 60 | 334 | 71 |
| Not poor | 1,298 | 557 | 162 | 12 | 142 | 66 | 294 | 65 |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 1,775 | 746 | 205 | *20 | 152 | 61 | 493 | 97 |
| Rented | 1,780 | 540 | 453 | 29 | 142 | 110 | 419 | 87 |
| Some other arrangement | 100 | 40 | 27 | *1 | *5 | *5 | 17 | *4 |
| Health insurance coverage[10] | | | | | | | | |
| Private | 1,001 | 460 | 179 | *6 | 122 | 32 | 175 | 27 |
| Medicaid | 685 | 158 | 207 | *17 | 49 | 38 | 171 | 45 |
| Other | 54 | *14 | *12 | *1 | *9 | *6 | *13 | *– |
| Uninsured | 1,910 | 705 | 285 | 26 | 120 | 99 | 564 | 113 |
| Place of residence[11] | | | | | | | | |
| Large MSA | 1,305 | 429 | 267 | 24 | 94 | 58 | 364 | 69 |
| Small MSA | 1,695 | 662 | 277 | *19 | 145 | 84 | 429 | 78 |
| Not in MSA | 679 | 249 | 143 | *7 | 61 | 34 | 143 | 42 |
| Region | | | | | | | | |
| Northeast | 234 | 89 | 40 | *5 | *12 | *12 | 67 | 9 |
| Midwest | 583 | 227 | 120 | *4 | 48 | 33 | 127 | 23 |
| South | 1,646 | 574 | 348 | 17 | 132 | 86 | 391 | 97 |
| West | 1,216 | 449 | 178 | 24 | 109 | 45 | 350 | 61 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Having a usual place of health care is obtained from a question that asked, ''Is there a place that [child's name] USUALLY goes when [he/she] is sick or you need advice about [his/her] health?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to usual place of health care and family structure are not included in the column labeled ''All children under age 18 without a usual place of health care'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 34. Percentages (with standard errors) of children under age 18 without a usual place of health care, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 without a usual place of health care | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 5.0 (0.11) | 3.8 (0.14) | 5.8 (0.27) | 4.7 (0.76) | 4.8 (0.37) | 7.8 (0.68) | 6.8 (0.24) | 8.4 (0.71) |
| Sex | | | | | | | | |
| Male | 5.2 (0.15) | 3.9 (0.20) | 5.7 (0.39) | 3.8 (0.75) | 5.2 (0.54) | 8.9 (1.07) | 7.0 (0.33) | 9.5 (1.09) |
| Female | 4.9 (0.15) | 3.7 (0.20) | 5.8 (0.36) | 5.7 (1.36) | 4.3 (0.45) | 6.6 (0.82) | 6.5 (0.33) | 7.3 (0.90) |
| Age | | | | | | | | |
| 0–4 years | 3.0 (0.16) | 2.4 (0.18) | 3.5 (0.64) | 3.1 (0.63) | 2.7 (0.63) | 5.5 (0.99) | 4.5 (0.40) | 3.6 (0.84) |
| 5–17 years | 5.8 (0.14) | 4.5 (0.19) | 6.4 (0.29) | 7.4 (1.69) | 5.3 (0.43) | 8.7 (0.86) | 7.4 (0.28) | 9.8 (0.89) |
| 5–11 years | 4.9 (0.17) | 4.1 (0.22) | 5.1 (0.38) | 7.2 (2.16) | 4.1 (0.49) | 7.0 (0.98) | 7.1 (0.45) | 6.2 (1.05) |
| 12–17 years | 6.8 (0.20) | 5.0 (0.28) | 7.7 (0.46) | *7.8 (2.39) | 6.6 (0.66) | 11.2 (1.54) | 7.6 (0.35) | 13.1 (1.36) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 10.9 (0.30) | 9.9 (0.44) | 9.0 (0.67) | 8.1 (1.37) | 9.1 (0.99) | 13.9 (1.79) | 13.2 (0.57) | 15.9 (1.60) |
| Mexican or Mexican American | 12.6 (0.39) | 11.3 (0.56) | 11.1 (0.98) | 7.5 (1.46) | 9.5 (1.25) | 16.4 (2.39) | 15.2 (0.73) | 17.4 (1.92) |
| Not Hispanic or Latino | 3.7 (0.12) | 2.6 (0.14) | 5.1 (0.29) | 3.2 (0.92) | 4.0 (0.40) | 6.4 (0.74) | 4.3 (0.25) | 6.1 (0.77) |
| White, single race | 3.2 (0.13) | 2.2 (0.15) | 5.3 (0.38) | 2.8 (0.68) | 3.6 (0.46) | 7.6 (1.00) | 3.4 (0.26) | 6.6 (1.13) |
| Black or African American, single race | 4.6 (0.28) | 4.1 (0.58) | 4.8 (0.50) | *2.1 (0.86) | 5.0 (0.88) | 4.2 (0.94) | 5.2 (0.52) | 4.2 (0.90) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 11.8 (0.42) | 14.5 (0.84) | 8.3 (0.84) | 6.8 (1.57) | 7.0 (1.27) | 11.8 (1.60) | 13.4 (0.71) | 13.1 (3.11) |
| High school diploma or GED[6] | 5.6 (0.24) | 5.0 (0.36) | 5.8 (0.48) | *5.3 (1.64) | 5.1 (0.71) | 7.5 (1.12) | 6.3 (0.47) | *7.1 (2.13) |
| More than high school diploma | 3.1 (0.11) | 2.4 (0.13) | 4.4 (0.32) | 3.1 (0.72) | 4.3 (0.43) | 6.2 (1.03) | 3.9 (0.25) | *3.4 (1.37) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 8.2 (0.31) | 11.0 (0.73) | 6.3 (0.42) | 5.1 (1.06) | 6.1 (1.07) | 9.3 (1.35) | 10.1 (0.75) | 8.9 (1.39) |
| $20,000–$34,999 | 7.9 (0.30) | 8.0 (0.51) | 6.1 (0.54) | 5.0 (1.26) | 6.9 (0.95) | 8.0 (1.32) | 10.0 (0.74) | 10.5 (1.56) |
| $35,000–$54,999 | 5.4 (0.24) | 3.9 (0.31) | 4.8 (0.62) | *5.1 (2.36) | 5.1 (0.84) | 8.9 (1.74) | 8.1 (0.64) | 9.1 (1.68) |
| $55,000–$74,999 | 3.8 (0.26) | 2.6 (0.31) | 4.5 (0.98) | *4.4 (1.96) | 4.5 (0.91) | 7.1 (2.12) | 5.6 (0.63) | 5.8 (1.67) |
| $75,000 or more | 2.1 (0.14) | 1.5 (0.17) | 2.2 (0.64) | *1.8 (1.05) | 2.8 (0.57) | *4.3 (1.39) | 3.0 (0.30) | 6.4 (1.62) |
| Poverty status[8] | | | | | | | | |
| Poor | 8.7 (0.34) | 11.6 (0.79) | 6.4 (0.49) | 4.4 (1.08) | 5.7 (1.00) | 8.7 (1.34) | 10.7 (0.72) | 8.8 (1.30) |
| Near poor | 7.4 (0.26) | 6.7 (0.41) | 6.1 (0.51) | 7.0 (1.86) | 7.0 (0.96) | 9.0 (1.46) | 9.3 (0.55) | 10.2 (1.49) |
| Not poor | 3.0 (0.11) | 2.1 (0.14) | 4.6 (0.39) | 3.0 (0.79) | 3.6 (0.40) | 6.5 (0.94) | 4.0 (0.25) | 6.8 (1.05) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 3.6 (0.12) | 2.6 (0.14) | 4.8 (0.48) | *5.1 (1.64) | 3.6 (0.39) | 6.6 (0.97) | 5.1 (0.26) | 6.4 (0.82) |
| Rented | 8.1 (0.23) | 8.5 (0.43) | 6.3 (0.34) | 4.5 (0.75) | 7.5 (0.80) | 8.7 (0.98) | 10.7 (0.55) | 13.2 (1.54) |
| Some other arrangement | 7.1 (0.81) | 6.7 (1.35) | 7.8 (1.71) | *3.8 (3.04) | *4.0 (1.78) | *10.4 (5.29) | 8.6 (1.81) | *7.4 (3.12) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 2.2 (0.09) | 1.7 (0.11) | 3.7 (0.32) | *1.7 (0.60) | 3.0 (0.41) | 3.7 (0.72) | 2.4 (0.18) | 3.9 (1.03) |
| Medicaid | 3.6 (0.18) | 3.4 (0.31) | 3.7 (0.38) | *3.1 (1.13) | 3.4 (0.56) | 3.7 (0.62) | 4.0 (0.35) | 3.9 (0.59) |
| Other | 3.4 (0.60) | *1.8 (0.60) | *4.6 (1.43) | *6.4 (6.27) | *4.0 (1.88) | *10.6 (4.51) | *5.3 (1.72) | *– |
| Uninsured | 27.4 (0.67) | 25.0 (1.12) | 26.3 (1.45) | 22.3 (3.54) | 20.3 (1.99) | 31.1 (3.30) | 32.8 (1.27) | 33.3 (3.07) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 6.2 (0.21) | 5.1 (0.32) | 5.8 (0.39) | 6.5 (1.21) | 6.1 (0.75) | 8.9 (1.45) | 8.1 (0.44) | 8.7 (1.05) |
| Small MSA | 4.4 (0.14) | 3.2 (0.17) | 5.4 (0.37) | *4.1 (1.36) | 4.6 (0.47) | 8.1 (1.01) | 6.0 (0.32) | 8.0 (1.06) |
| Not in MSA | 5.0 (0.34) | 3.9 (0.38) | 6.7 (0.87) | *3.0 (0.96) | 3.8 (0.83) | 5.9 (1.15) | 6.5 (0.68) | 8.5 (1.76) |
| Region | | | | | | | | |
| Northeast | 1.8 (0.16) | 1.3 (0.21) | 1.9 (0.35) | *2.7 (1.38) | *1.4 (0.48) | *3.3 (1.17) | 2.5 (0.36) | 2.9 (0.83) |
| Midwest | 3.4 (0.20) | 2.6 (0.24) | 4.2 (0.47) | *1.5 (0.58) | 3.0 (0.55) | 5.5 (1.30) | 4.6 (0.48) | 5.1 (1.30) |
| South | 6.2 (0.22) | 4.7 (0.28) | 7.3 (0.50) | 5.1 (1.05) | 5.0 (0.55) | 10.2 (1.22) | 8.1 (0.42) | 9.8 (1.18) |
| West | 7.6 (0.27) | 5.7 (0.34) | 8.2 (0.66) | 8.9 (2.35) | 8.7 (1.22) | 9.8 (1.57) | 9.6 (0.53) | 12.0 (1.75) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Having a usual place of health care is obtained from a question that asked, ''Is there a place that [child's name] USUALLY goes when [he/she] is sick or you need advice about [his/her] health?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to usual place of health care and family structure are not included in the column labeled "All children under age 18 without a usual place of health care'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as "non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 35. Frequencies of children under age 18 with a problem for which prescription medication has been used regularly for at least 3 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with a problem requiring prescription medication for at least 3 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 9,427 | 4,078 | 1,854 | 98 | 962 | 323 | 1,736 | 376 |
| Sex | | | | | | | | |
| Male | 5,384 | 2,328 | 1,062 | 62 | 578 | 205 | 947 | 203 |
| Female | 4,043 | 1,751 | 792 | 36 | 384 | 118 | 789 | 174 |
| Age | | | | | | | | |
| 0–4 years | 1,564 | 813 | 277 | 40 | 94 | 52 | 235 | 53 |
| 5–17 years | 7,863 | 3,265 | 1,577 | 58 | 868 | 271 | 1,500 | 323 |
| 5–11 years | 3,715 | 1,710 | 781 | 41 | 427 | 145 | 465 | 146 |
| 12–17 years | 4,148 | 1,555 | 796 | *17 | 441 | 126 | 1,036 | 177 |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 1,102 | 378 | 232 | 20 | 94 | 39 | 278 | 62 |
| Mexican or Mexican American | 651 | 248 | 95 | 14 | 59 | 23 | 167 | 44 |
| Not Hispanic or Latino | 8,324 | 3,701 | 1,622 | 77 | 868 | 284 | 1,458 | 314 |
| White, single race | 6,517 | 3,265 | 967 | 54 | 744 | 206 | 1,108 | 173 |
| Black or African American, single race | 1,292 | 222 | 549 | 20 | 86 | 48 | 265 | 102 |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 853 | 162 | 335 | *15 | 60 | 52 | 214 | *14 |
| High school diploma or GED[6] | 1,980 | 616 | 466 | 40 | 238 | 99 | 483 | 38 |
| More than high school diploma | 6,264 | 3,294 | 969 | 43 | 656 | 166 | 1,029 | 108 |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 1,753 | 297 | 931 | 28 | 91 | 68 | 267 | 71 |
| $20,000–$34,999 | 1,575 | 427 | 472 | 26 | 189 | 76 | 294 | 91 |
| $35,000–$54,999 | 1,677 | 674 | 274 | 24 | 238 | 88 | 310 | 69 |
| $55,000–$74,999 | 1,356 | 694 | 103 | *7 | 174 | 44 | 278 | 55 |
| $75,000 or more | 3,064 | 1,986 | 73 | 12 | 269 | 47 | 586 | 90 |
| Poverty status[8] | | | | | | | | |
| Poor | 1,722 | 302 | 774 | 25 | 124 | 73 | 333 | 90 |
| Near poor | 2,024 | 582 | 532 | 39 | 245 | 101 | 406 | 118 |
| Not poor | 5,681 | 3,195 | 547 | 33 | 593 | 149 | 996 | 168 |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 6,610 | 3,495 | 704 | 42 | 670 | 138 | 1,267 | 293 |
| Rented | 2,589 | 513 | 1,083 | 51 | 265 | 172 | 433 | 71 |
| Some other arrangement | 198 | 61 | 64 | *5 | 19 | *9 | 30 | *10 |
| Health insurance coverage[10] | | | | | | | | |
| Private | 5,907 | 3,290 | 745 | 34 | 640 | 118 | 982 | 99 |
| Medicaid | 2,837 | 565 | 970 | 54 | 237 | 157 | 616 | 238 |
| Other | 226 | 105 | 35 | *– | 36 | *13 | 28 | *9 |
| Uninsured | 439 | 115 | 102 | *9 | 47 | 34 | 101 | 30 |
| Place of residence[11] | | | | | | | | |
| Large MSA | 2,384 | 815 | 666 | 19 | 210 | 75 | 498 | 103 |
| Small MSA | 5,035 | 2,457 | 841 | 56 | 453 | 163 | 903 | 162 |
| Not in MSA | 2,007 | 807 | 347 | 23 | 299 | 85 | 335 | 111 |
| Region | | | | | | | | |
| Northeast | 1,748 | 780 | 362 | 22 | 110 | 66 | 347 | 60 |
| Midwest | 2,391 | 1,078 | 461 | 33 | 262 | 75 | 377 | 104 |
| South | 3,819 | 1,620 | 778 | 28 | 425 | 131 | 677 | 160 |
| West | 1,468 | 600 | 253 | 14 | 164 | 51 | 334 | 52 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family

consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Use of prescription medication is based on a question asked, "Does [child's name] now have a problem for which [he/she] has regularly taken prescription medication for at least three months?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to prescription medication usage and family structure are not included in the column labeled "All children under age 18 with a problem requiring prescription medication for at least 3 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 36. Percentages (with standard errors) of children under age 18 with a problem for which prescription medication has been used regularly for at least 3 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 with a problem requiring prescription medication for at least 3 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 12.9 (0.16) | 11.6 (0.21) | 15.5 (0.40) | 9.2 (1.00) | 15.2 (0.60) | 14.3 (1.01) | 12.5 (0.36) | 16.6 (1.06) |
| **Sex** | | | | | | | | |
| Male | 14.4 (0.23) | 12.9 (0.31) | 17.9 (0.59) | 11.0 (1.45) | 17.9 (0.88) | 17.5 (1.56) | 13.2 (0.49) | 17.5 (1.50) |
| Female | 11.3 (0.21) | 10.2 (0.28) | 13.2 (0.53) | 7.2 (1.40) | 12.4 (0.81) | 10.8 (1.14) | 11.8 (0.52) | 15.6 (1.44) |
| **Age** | | | | | | | | |
| 0–4 years | 7.8 (0.24) | 7.2 (0.31) | 11.0 (0.73) | 6.1 (0.98) | 6.8 (0.96) | 8.3 (1.48) | 7.5 (0.51) | 10.1 (1.96) |
| 5–17 years | 14.8 (0.20) | 13.6 (0.28) | 16.7 (0.46) | 14.2 (2.06) | 17.6 (0.72) | 16.5 (1.23) | 14.0 (0.43) | 18.5 (1.24) |
| 5–11 years | 13.2 (0.26) | 11.8 (0.34) | 15.9 (0.62) | 13.8 (2.25) | 16.7 (1.05) | 14.8 (1.50) | 11.3 (0.63) | 17.7 (1.76) |
| 12–17 years | 16.7 (0.30) | 16.2 (0.48) | 17.6 (0.66) | 15.2 (4.51) | 18.5 (0.97) | 19.0 (2.08) | 15.7 (0.58) | 19.3 (1.72) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 8.0 (0.25) | 6.7 (0.36) | 11.0 (0.72) | 6.2 (1.18) | 9.5 (1.02) | 9.4 (1.48) | 7.3 (0.45) | 11.9 (1.73) |
| Mexican or Mexican American | 6.9 (0.29) | 6.1 (0.41) | 8.2 (0.88) | 6.2 (1.50) | 8.9 (1.19) | 8.5 (1.79) | 6.2 (0.51) | 11.3 (1.87) |
| Not Hispanic or Latino | 14.1 (0.19) | 12.5 (0.24) | 16.5 (0.46) | 10.6 (1.34) | 16.3 (0.68) | 15.3 (1.17) | 14.5 (0.46) | 18.0 (1.27) |
| White, single race | 15.0 (0.23) | 13.1 (0.27) | 18.6 (0.67) | 11.4 (1.83) | 17.7 (0.81) | 15.6 (1.44) | 17.1 (0.63) | 19.0 (1.72) |
| Black or African American, single race | 12.1 (0.37) | 10.2 (0.70) | 13.8 (0.64) | 11.6 (2.40) | 10.1 (1.25) | 12.1 (2.11) | 11.1 (0.68) | 15.1 (1.90) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 9.1 (0.37) | 5.8 (0.50) | 14.3 (0.86) | 6.4 (1.87) | 11.7 (1.80) | 11.3 (1.83) | 7.5 (0.71) | *7.9 (2.40) |
| High school diploma or GED[6] | 12.2 (0.32) | 10.5 (0.49) | 13.7 (0.68) | 10.1 (1.80) | 13.3 (1.14) | 12.1 (1.58) | 12.9 (0.65) | 15.5 (3.53) |
| More than high school diploma | 14.0 (0.21) | 12.5 (0.25) | 17.2 (0.61) | 10.0 (1.57) | 16.6 (0.77) | 17.2 (1.67) | 14.8 (0.54) | 23.3 (3.10) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 13.5 (0.36) | 10.0 (0.70) | 15.9 (0.57) | 9.0 (1.95) | 13.8 (1.80) | 13.0 (2.05) | 12.4 (0.88) | 14.8 (1.81) |
| $20,000–$34,999 | 12.5 (0.37) | 9.3 (0.57) | 15.3 (0.77) | 9.2 (2.02) | 16.7 (1.54) | 14.1 (2.19) | 12.0 (0.88) | 17.5 (2.38) |
| $35,000–$54,999 | 11.9 (0.37) | 10.3 (0.48) | 15.2 (1.01) | 9.4 (2.43) | 15.2 (1.34) | 16.3 (2.33) | 11.0 (0.72) | 13.3 (2.12) |
| $55,000–$74,999 | 12.5 (0.43) | 11.1 (0.54) | 16.3 (1.82) | *6.2 (2.16) | 14.5 (1.49) | 15.1 (3.00) | 13.2 (1.11) | 17.9 (3.40) |
| $75,000 or more | 13.6 (0.31) | 13.3 (0.37) | 13.1 (1.71) | 13.2 (3.45) | 15.3 (1.17) | 12.7 (2.69) | 13.6 (0.62) | 20.3 (3.35) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 12.8 (0.38) | 9.1 (0.67) | 15.5 (0.64) | 9.0 (2.09) | 15.0 (1.93) | 12.7 (1.98) | 11.6 (0.83) | 14.5 (1.86) |
| Near poor | 12.4 (0.37) | 9.7 (0.54) | 15.7 (0.77) | 10.9 (2.14) | 15.3 (1.32) | 15.1 (1.96) | 11.3 (0.77) | 16.9 (2.13) |
| Not poor | 13.1 (0.20) | 12.3 (0.25) | 15.4 (0.65) | 7.9 (1.24) | 15.3 (0.74) | 14.6 (1.47) | 13.5 (0.48) | 17.6 (1.76) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 13.4 (0.19) | 12.4 (0.24) | 16.3 (0.66) | 10.6 (1.80) | 15.7 (0.72) | 14.9 (1.51) | 13.1 (0.44) | 19.2 (1.39) |
| Rented | 11.8 (0.27) | 8.1 (0.42) | 15.0 (0.51) | 8.0 (1.17) | 14.0 (1.02) | 13.5 (1.29) | 11.0 (0.61) | 10.6 (1.51) |
| Some other arrangement | 13.9 (1.18) | 10.3 (1.51) | 18.0 (2.18) | *17.0 (9.32) | 14.3 (3.45) | *19.0 (12.52) | 14.6 (3.02) | *17.8 (6.42) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 13.0 (0.19) | 12.2 (0.24) | 15.2 (0.61) | 9.1 (1.46) | 15.8 (0.75) | 13.7 (1.63) | 13.2 (0.48) | 14.4 (1.81) |
| Medicaid | 15.1 (0.34) | 12.0 (0.63) | 17.1 (0.61) | 9.7 (1.60) | 16.5 (1.41) | 15.5 (1.56) | 14.3 (0.70) | 20.3 (1.63) |
| Other | 14.1 (1.05) | 13.7 (1.43) | 13.8 (2.41) | *– | 16.7 (3.13) | *22.9 (8.07) | 11.5 (1.97) | *17.2 (7.57) |
| Uninsured | 6.3 (0.34) | 4.1 (0.42) | 9.4 (1.02) | *8.0 (2.42) | 7.9 (1.38) | 10.6 (2.13) | 5.9 (0.64) | 8.9 (1.95) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 11.4 (0.28) | 9.7 (0.40) | 14.4 (0.60) | 5.0 (0.98) | 13.6 (1.11) | 11.3 (1.57) | 11.0 (0.54) | 12.9 (1.45) |
| Small MSA | 13.1 (0.23) | 12.0 (0.29) | 16.3 (0.64) | 12.2 (1.73) | 14.3 (0.84) | 15.8 (1.60) | 12.6 (0.50) | 16.6 (1.66) |
| Not in MSA | 14.8 (0.42) | 12.6 (0.53) | 16.3 (0.98) | 10.2 (2.59) | 18.7 (1.34) | 14.8 (1.86) | 15.3 (1.07) | 22.3 (2.53) |
| **Region** | | | | | | | | |
| Northeast | 13.4 (0.39) | 11.8 (0.51) | 17.0 (0.97) | 12.2 (2.84) | 13.6 (1.45) | 18.6 (3.03) | 13.2 (0.88) | 18.3 (2.76) |
| Midwest | 13.9 (0.37) | 12.4 (0.45) | 16.3 (0.91) | 11.6 (2.37) | 16.3 (1.35) | 12.4 (1.86) | 13.7 (0.87) | 23.3 (2.90) |
| South | 14.3 (0.26) | 13.3 (0.36) | 16.2 (0.63) | 8.7 (1.58) | 16.0 (0.94) | 15.5 (1.74) | 14.0 (0.60) | 16.2 (1.51) |
| West | 9.1 (0.29) | 7.7 (0.38) | 11.6 (0.75) | 5.2 (1.25) | 13.1 (1.10) | 11.1 (1.57) | 9.2 (0.60) | 10.2 (1.93) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An other family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Use of prescription medication is based on a question asked, ''Does [child's name] now have a problem for which [he/she] has regularly taken prescription medication for at least three months?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to prescription medication usage and family structure are not included in the column labeled "All children under age 18 with a problem requiring prescription medication for at least 3 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as "non–Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 37. Frequencies of children under age 18 who made two or more visits to a hospital ER in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 who made two or more visits to hospital ER in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 5,239 | 1,992 | 1,200 | 125 | 438 | 227 | 1,035 | 222 |
| Sex | | | | | | | | |
| Male | 2,815 | 1,122 | 661 | 64 | 199 | 109 | 560 | 100 |
| Female | 2,424 | 870 | 539 | 61 | 239 | 118 | 475 | 122 |
| Age | | | | | | | | |
| 0–4 years | 2,004 | 804 | 425 | 85 | 144 | 92 | 375 | 78 |
| 5–17 years | 3,235 | 1,187 | 775 | 39 | 294 | 135 | 660 | 145 |
| 5–11 years | 1,729 | 716 | 405 | *24 | 164 | 79 | 282 | 59 |
| 12–17 years | 1,505 | 471 | 370 | *15 | 131 | 56 | 377 | 86 |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 1,014 | 347 | 203 | 31 | 63 | 52 | 266 | 51 |
| Mexican or Mexican American | 593 | 232 | 84 | 15 | 31 | 26 | 164 | 39 |
| Not Hispanic or Latino | 4,225 | 1,645 | 997 | 94 | 375 | 175 | 768 | 171 |
| White, single race | 2,856 | 1,359 | 468 | 51 | 289 | 117 | 485 | 87 |
| Black or African American, single race | 1,011 | 155 | 452 | 25 | 63 | 34 | 220 | 62 |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 934 | 230 | 313 | 29 | 41 | 68 | 232 | 20 |
| High school diploma or GED[6] | 1,382 | 390 | 337 | 54 | 163 | 73 | 349 | 16 |
| More than high school diploma | 2,700 | 1,357 | 490 | 42 | 224 | 84 | 443 | 61 |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 1,527 | 278 | 763 | 34 | 79 | 59 | 251 | 63 |
| $20,000–$34,999 | 1,085 | 341 | 265 | 40 | 101 | 72 | 211 | 56 |
| $35,000–$54,999 | 974 | 412 | 112 | 34 | 129 | 43 | 202 | 41 |
| $55,000–$74,999 | 607 | 296 | 35 | *9 | 64 | 34 | 138 | *31 |
| $75,000 or more | 1,046 | 665 | 25 | *8 | 65 | *19 | 233 | 31 |
| Poverty status[8] | | | | | | | | |
| Poor | 1,511 | 302 | 644 | 29 | 92 | 66 | 294 | 85 |
| Near poor | 1,378 | 397 | 335 | 56 | 140 | 82 | 297 | 70 |
| Not poor | 2,349 | 1,293 | 221 | 40 | 205 | 79 | 444 | 67 |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 2,864 | 1,404 | 308 | 45 | 268 | 84 | 621 | 134 |
| Rented | 2,211 | 542 | 846 | 73 | 159 | 139 | 378 | 74 |
| Some other arrangement | 146 | 41 | 43 | *6 | *11 | *4 | 26 | *15 |
| Health insurance coverage[10] | | | | | | | | |
| Private | 2,452 | 1,332 | 328 | 41 | 225 | 44 | 429 | 54 |
| Medicaid | 2,156 | 411 | 759 | 71 | 159 | 140 | 485 | 131 |
| Other | 128 | 68 | 21 | *2 | *12 | *10 | 14 | *1 |
| Uninsured | 485 | 178 | 91 | 11 | 39 | 31 | 100 | 34 |
| Place of residence[11] | | | | | | | | |
| Large MSA | 1,649 | 506 | 484 | 45 | 114 | 68 | 349 | 83 |
| Small MSA | 2,473 | 1,100 | 463 | 49 | 200 | 99 | 467 | 95 |
| Not in MSA | 1,117 | 386 | 253 | 31 | 124 | 60 | 219 | 44 |
| Region | | | | | | | | |
| Northeast | 1,005 | 379 | 240 | 25 | 74 | 40 | 212 | 34 |
| Midwest | 1,217 | 506 | 273 | 36 | 101 | 60 | 199 | *43 |
| South | 2,158 | 770 | 535 | 39 | 200 | 87 | 434 | 93 |
| West | 859 | 336 | 152 | 25 | 64 | 39 | 190 | 52 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding emergency room (ER) visits is obtained from a question that asked, "During the past 12 months, how many times has [child's name] gone to a hospital emergency room about [his/her] health? (This includes emergency room visits that resulted in a hospital admission.)" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to ER visits and family structure are not included in the column labeled "All children under age 18 who made two or more visits to hospital ER in the past 12 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non–Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 38. Percentages (with standard errors) of children under age 18 who made two or more visits to a hospital ER in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 who made two or more visits to hospital ER in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 7.2 (0.13) | 5.7 (0.16) | 10.1 (0.33) | 11.8 (1.13) | 6.9 (0.43) | 10.1 (0.84) | 7.5 (0.26) | 9.9 (0.87) |
| Sex | | | | | | | | |
| Male | 7.6 (0.18) | 6.2 (0.24) | 11.2 (0.49) | 11.4 (1.33) | 6.2 (0.50) | 9.3 (1.12) | 7.9 (0.38) | 8.7 (0.98) |
| Female | 6.8 (0.17) | 5.1 (0.21) | 9.0 (0.43) | 12.2 (1.89) | 7.7 (0.69) | 10.9 (1.24) | 7.2 (0.36) | 11.0 (1.46) |
| Age | | | | | | | | |
| 0–4 years | 10.0 (0.25) | 7.2 (0.30) | 17.0 (0.82) | 13.1 (1.29) | 10.4 (1.09) | 15.0 (1.99) | 12.0 (0.65) | 15.0 (1.90) |
| 5–17 years | 6.1 (0.14) | 4.9 (0.20) | 8.3 (0.34) | 9.7 (2.10) | 6.0 (0.46) | 8.2 (0.84) | 6.2 (0.27) | 8.3 (0.99) |
| 5–11 years | 6.2 (0.19) | 5.0 (0.25) | 8.3 (0.46) | 8.2 (2.36) | 6.4 (0.72) | 8.0 (1.09) | 6.9 (0.46) | 7.2 (1.07) |
| 12–17 years | 6.1 (0.20) | 4.9 (0.29) | 8.3 (0.49) | *13.5 (4.45) | 5.5 (0.57) | 8.5 (1.33) | 5.8 (0.33) | 9.4 (1.63) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 7.4 (0.24) | 6.2 (0.34) | 9.7 (0.68) | 9.4 (1.42) | 6.4 (0.78) | 12.7 (2.18) | 7.0 (0.38) | 9.9 (1.52) |
| Mexican or Mexican American | 6.3 (0.26) | 5.7 (0.39) | 7.2 (0.73) | 6.9 (1.41) | 4.7 (0.82) | 9.9 (2.18) | 6.1 (0.43) | 10.2 (1.81) |
| Not Hispanic or Latino | 7.2 (0.15) | 5.6 (0.18) | 10.2 (0.37) | 12.9 (1.52) | 7.0 (0.50) | 9.5 (0.89) | 7.7 (0.33) | 9.9 (1.06) |
| White, single race | 6.6 (0.17) | 5.5 (0.20) | 9.1 (0.51) | 10.9 (1.71) | 6.9 (0.53) | 8.9 (1.07) | 7.5 (0.42) | 9.6 (1.65) |
| Black or African American, single race | 9.6 (0.34) | 7.1 (0.62) | 11.5 (0.60) | 14.6 (2.54) | 7.4 (1.13) | 8.8 (1.54) | 9.3 (0.69) | 9.3 (1.34) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 10.0 (0.42) | 8.3 (0.87) | 13.5 (0.85) | 12.5 (2.23) | 8.1 (1.47) | 14.8 (2.32) | 8.1 (0.56) | 11.4 (2.93) |
| High school diploma or GED[6] | 8.5 (0.26) | 6.7 (0.40) | 10.0 (0.62) | 13.7 (2.18) | 9.1 (0.90) | 8.9 (1.22) | 9.3 (0.52) | 6.5 (1.90) |
| More than high school diploma | 6.0 (0.14) | 5.1 (0.17) | 8.7 (0.44) | 9.8 (1.50) | 5.7 (0.51) | 8.7 (1.16) | 6.4 (0.36) | 13.2 (2.89) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 11.9 (0.36) | 9.4 (0.70) | 13.2 (0.52) | 11.0 (1.84) | 12.1 (1.86) | 11.3 (1.83) | 11.7 (0.83) | 13.2 (1.73) |
| $20,000–$34,999 | 8.6 (0.32) | 7.4 (0.50) | 8.6 (0.62) | 14.0 (2.05) | 8.9 (1.16) | 13.5 (1.88) | 8.6 (0.65) | 10.8 (1.88) |
| $35,000–$54,999 | 7.0 (0.28) | 6.3 (0.39) | 6.2 (0.66) | 13.2 (3.17) | 8.3 (0.93) | 8.0 (1.70) | 7.2 (0.54) | 8.0 (1.59) |
| $55,000–$74,999 | 5.6 (0.30) | 4.8 (0.35) | 5.6 (1.03) | *7.8 (2.99) | 5.3 (0.90) | 11.6 (2.80) | 6.6 (0.66) | *10.2 (3.80) |
| $75,000 or more | 4.7 (0.18) | 4.5 (0.23) | 4.5 (0.93) | *8.9 (3.62) | 3.7 (0.67) | 5.1 (1.53) | 5.4 (0.41) | 7.1 (1.54) |
| Poverty status[8] | | | | | | | | |
| Poor | 11.3 (0.39) | 9.2 (0.82) | 13.0 (0.58) | 10.3 (2.01) | 11.2 (1.69) | 11.5 (1.99) | 10.3 (0.74) | 13.8 (1.90) |
| Near poor | 8.5 (0.28) | 6.7 (0.43) | 9.9 (0.62) | 15.5 (2.44) | 8.8 (1.01) | 12.4 (1.72) | 8.3 (0.58) | 10.1 (1.99) |
| Not poor | 5.5 (0.13) | 5.0 (0.17) | 6.3 (0.44) | 9.6 (1.45) | 5.3 (0.47) | 7.8 (1.02) | 6.0 (0.31) | 7.1 (0.96) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 5.8 (0.14) | 5.0 (0.17) | 7.2 (0.48) | 11.5 (2.16) | 6.3 (0.52) | 9.1 (1.26) | 6.5 (0.30) | 8.8 (1.07) |
| Rented | 10.1 (0.24) | 8.6 (0.42) | 11.8 (0.44) | 11.6 (1.19) | 8.4 (0.78) | 11.0 (1.17) | 9.7 (0.54) | 11.2 (1.36) |
| Some other arrangement | 10.4 (1.03) | 7.0 (1.17) | 12.1 (2.01) | *21.7 (9.46) | *8.6 (3.05) | *9.5 (6.64) | 12.6 (2.71) | *25.1 (9.86) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 5.4 (0.13) | 5.0 (0.17) | 6.7 (0.40) | 10.9 (1.69) | 5.5 (0.46) | 5.1 (0.95) | 5.8 (0.32) | 7.9 (1.80) |
| Medicaid | 11.5 (0.30) | 8.8 (0.50) | 13.5 (0.53) | 12.7 (1.77) | 11.1 (1.15) | 13.8 (1.46) | 11.3 (0.57) | 11.3 (1.21) |
| Other | 8.0 (0.76) | 8.9 (1.22) | 8.3 (1.72) | *13.2 (8.84) | 5.6 (1.62) | *18.3 (7.14) | 5.6 (1.35) | *1.7 (1.65) |
| Uninsured | 7.0 (0.43) | 6.3 (0.82) | 8.4 (1.00) | 10.1 (2.56) | 6.7 (1.42) | 9.7 (1.97) | 5.8 (0.56) | 10.0 (1.59) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 7.9 (0.22) | 6.1 (0.31) | 10.5 (0.52) | 12.0 (1.51) | 7.4 (0.75) | 10.4 (1.38) | 7.8 (0.43) | 10.5 (1.79) |
| Small MSA | 6.5 (0.16) | 5.4 (0.21) | 9.0 (0.48) | 10.6 (1.72) | 6.3 (0.63) | 9.7 (1.25) | 6.6 (0.33) | 9.8 (1.20) |
| Not in MSA | 8.2 (0.36) | 6.1 (0.43) | 11.9 (0.83) | 14.2 (3.06) | 7.7 (0.95) | 10.5 (1.84) | 10.0 (0.89) | 8.9 (1.26) |
| Region | | | | | | | | |
| Northeast | 7.8 (0.28) | 5.8 (0.36) | 11.3 (0.78) | 13.7 (2.63) | 9.2 (1.30) | 11.4 (2.57) | 8.1 (0.59) | 10.5 (2.14) |
| Midwest | 7.1 (0.28) | 5.8 (0.34) | 9.7 (0.64) | 12.5 (2.27) | 6.3 (0.93) | 10.1 (1.77) | 7.3 (0.63) | 9.6 (2.67) |
| South | 8.1 (0.24) | 6.3 (0.31) | 11.2 (0.57) | 12.2 (1.90) | 7.5 (0.69) | 10.3 (1.25) | 9.0 (0.50) | 9.5 (1.05) |
| West | 5.3 (0.20) | 4.3 (0.26) | 7.1 (0.59) | 9.3 (2.40) | 5.1 (0.67) | 8.6 (1.59) | 5.3 (0.38) | 10.4 (1.84) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family

consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding emergency room (ER) visits is obtained from a question that asked, ''During the past 12 months, how many times has [child's name] gone to a hospital emergency room about [his/her] health? (This includes emergency room visits that resulted in a hospital admission.)'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to ER visits and family structure are not included in the column labeled ''All children under age 18 who made two or more visits to hospital ER in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non–Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 39. Frequencies of children aged 1–17 who did not have a medical checkup in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 1–17 who did not have a medical checkup in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 19,414 | 8,609 | 3,278 | 222 | 1,810 | 656 | 4,145 | 693 |
| Sex | | | | | | | | |
| Male | 9,872 | 4,429 | 1,565 | 120 | 925 | 347 | 2,151 | 335 |
| Female | 9,542 | 4,180 | 1,713 | 102 | 885 | 308 | 1,994 | 358 |
| Age | | | | | | | | |
| 1–4 years | 2,532 | 1,320 | 332 | 75 | 163 | 100 | 469 | 73 |
| 5–17 years | 16,882 | 7,290 | 2,946 | 147 | 1,647 | 555 | 3,677 | 621 |
| 5–11 years | 8,385 | 4,283 | 1,412 | 104 | 800 | 309 | 1,246 | 233 |
| 12–17 years | 8,497 | 3,007 | 1,535 | 43 | 847 | 247 | 2,431 | 388 |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 4,450 | 1,794 | 605 | 93 | 281 | 147 | 1,344 | 186 |
| Mexican or Mexican American | 3,486 | 1,463 | 395 | 70 | 214 | 98 | 1,093 | 153 |
| Not Hispanic or Latino | 14,963 | 6,816 | 2,673 | 129 | 1,529 | 509 | 2,801 | 507 |
| White, single race | 11,394 | 5,779 | 1,647 | 87 | 1,260 | 405 | 1,916 | 300 |
| Black or African American, single race | 2,262 | 426 | 845 | 21 | 188 | 75 | 548 | 159 |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 3,469 | 1,176 | 693 | 63 | 188 | 163 | 1,123 | 63 |
| High school diploma or GED[6] | 4,794 | 1,736 | 975 | 86 | 569 | 242 | 1,125 | 60 |
| More than high school diploma | 10,364 | 5,645 | 1,437 | 73 | 1,031 | 245 | 1,821 | 112 |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 3,784 | 934 | 1,594 | 58 | 186 | 156 | 699 | 158 |
| $20,000–$34,999 | 3,901 | 1,473 | 890 | 62 | 341 | 140 | 826 | 169 |
| $35,000–$54,999 | 4,120 | 1,845 | 495 | 62 | 453 | 172 | 925 | 170 |
| $55,000–$74,999 | 2,844 | 1,465 | 172 | 25 | 357 | 90 | 645 | 91 |
| $75,000 or more | 4,765 | 2,893 | 129 | 15 | 473 | 97 | 1,051 | 107 |
| Poverty status[8] | | | | | | | | |
| Poor | 4,087 | 1,125 | 1,359 | 60 | 223 | 165 | 951 | 204 |
| Near poor | 5,010 | 1,885 | 954 | 85 | 473 | 197 | 1,186 | 231 |
| Not poor | 10,317 | 5,600 | 965 | 78 | 1,115 | 294 | 2,008 | 258 |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 12,948 | 6,715 | 1,322 | 103 | 1,243 | 263 | 2,855 | 446 |
| Rented | 5,956 | 1,694 | 1,824 | 114 | 537 | 380 | 1,193 | 213 |
| Some other arrangement | 410 | 155 | 114 | *5 | 21 | *12 | 77 | *27 |
| Health insurance coverage[10] | | | | | | | | |
| Private | 10,902 | 5,808 | 1,335 | 83 | 1,149 | 238 | 2,084 | 206 |
| Medicaid | 4,511 | 1,162 | 1,316 | 89 | 360 | 258 | 1,056 | 270 |
| Other | 373 | 158 | 78 | *3 | 42 | *10 | 67 | *16 |
| Uninsured | 3,555 | 1,465 | 535 | 48 | 257 | 146 | 905 | 198 |
| Place of residence[11] | | | | | | | | |
| Large MSA | 5,356 | 2,034 | 1,093 | 82 | 403 | 202 | 1,303 | 240 |
| Small MSA | 9,355 | 4,431 | 1,392 | 95 | 852 | 286 | 2,026 | 273 |
| Not in MSA | 4,703 | 2,145 | 793 | 45 | 555 | 168 | 816 | 181 |
| Region | | | | | | | | |
| Northeast | 1,739 | 782 | 290 | 29 | 126 | 56 | 382 | 75 |
| Midwest | 4,553 | 2,160 | 785 | 56 | 447 | 163 | 804 | 138 |
| South | 7,675 | 3,230 | 1,449 | 54 | 820 | 253 | 1,554 | 314 |
| West | 5,447 | 2,437 | 755 | 82 | 417 | 184 | 1,405 | 167 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding receipt of medical checkup is obtained from a question that asked, ''During the past 12 months, did [child's name] receive a well child check-up—that is, a general check-up when [he/she] was not sick or injured?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to receipt of medical checkups and family structure are not included in the column labeled ''All children aged 1–17 who did not have a medical checkup in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non–Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 40. Percentages (with standard errors) of children aged 1–17 who did not have a medical checkup in the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 1–17 who did not have a medical checkup in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 28.4 (0.28) | 26.2 (0.36) | 28.7 (0.55) | 26.1 (1.69) | 30.2 (0.81) | 30.8 (1.36) | 31.9 (0.52) | 32.6 (1.30) |
| Sex | | | | | | | | |
| Male | 28.2 (0.36) | 26.2 (0.48) | 27.6 (0.75) | 26.9 (2.34) | 30.1 (1.09) | 31.9 (1.89) | 31.9 (0.71) | 31.1 (1.72) |
| Female | 28.5 (0.36) | 26.1 (0.48) | 29.7 (0.75) | 25.1 (2.37) | 30.4 (1.16) | 29.7 (1.89) | 31.8 (0.72) | 34.1 (1.98) |
| Age | | | | | | | | |
| 1–4 years | 15.8 (0.40) | 14.6 (0.48) | 15.8 (1.13) | 16.8 (1.73) | 14.7 (1.35) | 19.8 (2.38) | 19.3 (0.96) | 18.0 (2.47) |
| 5–17 years | 32.2 (0.32) | 30.5 (0.44) | 31.5 (0.61) | 36.2 (2.80) | 33.8 (0.92) | 34.2 (1.61) | 34.8 (0.58) | 36.0 (1.47) |
| 5–11 years | 30.1 (0.40) | 29.8 (0.53) | 29.0 (0.82) | 35.3 (3.16) | 31.8 (1.31) | 31.9 (2.00) | 30.7 (0.89) | 28.5 (2.00) |
| 12–17 years | 34.6 (0.42) | 31.6 (0.64) | 34.3 (0.84) | 38.7 (5.37) | 35.9 (1.26) | 37.7 (2.48) | 37.3 (0.70) | 42.8 (2.16) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 34.6 (0.50) | 34.0 (0.70) | 30.2 (1.11) | 35.4 (2.74) | 30.2 (1.62) | 37.4 (2.64) | 38.3 (0.88) | 39.3 (2.48) |
| Mexican or Mexican American | 39.6 (0.60) | 38.3 (0.83) | 35.8 (1.49) | 39.5 (3.19) | 33.9 (2.02) | 39.0 (3.02) | 44.4 (1.05) | 43.4 (3.02) |
| Not Hispanic or Latino | 26.9 (0.32) | 24.7 (0.41) | 28.3 (0.62) | 21.9 (2.13) | 30.2 (0.92) | 29.3 (1.54) | 29.5 (0.62) | 30.7 (1.55) |
| White, single race | 27.8 (0.38) | 24.9 (0.45) | 32.9 (0.84) | 23.3 (2.51) | 31.5 (1.06) | 32.6 (1.98) | 31.0 (0.79) | 34.8 (2.33) |
| Black or African American, single race | 22.7 (0.62) | 21.1 (1.11) | 22.4 (0.90) | 14.4 (2.73) | 23.5 (1.90) | 20.5 (2.55) | 24.5 (1.18) | 24.9 (2.15) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 40.0 (0.72) | 45.6 (1.25) | 31.3 (1.34) | 32.9 (3.22) | 39.8 (2.95) | 37.1 (2.79) | 42.8 (1.16) | 41.6 (5.55) |
| High school diploma or GED[6] | 31.5 (0.51) | 31.5 (0.83) | 30.1 (0.99) | 26.8 (2.92) | 33.6 (1.68) | 31.5 (2.20) | 32.2 (0.89) | 28.4 (4.55) |
| More than high school diploma | 24.6 (0.32) | 22.9 (0.39) | 26.4 (0.72) | 21.5 (2.68) | 27.4 (0.96) | 27.1 (1.93) | 27.2 (0.72) | 25.2 (3.50) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 31.7 (0.59) | 34.8 (1.19) | 28.8 (0.79) | 24.1 (2.71) | 31.1 (2.55) | 33.0 (2.80) | 35.3 (1.29) | 36.0 (2.93) |
| $20,000–$34,999 | 33.0 (0.60) | 34.5 (0.99) | 29.9 (1.02) | 27.4 (3.29) | 32.1 (1.91) | 27.8 (2.64) | 36.0 (1.27) | 34.0 (2.92) |
| $35,000–$54,999 | 31.3 (0.55) | 30.3 (0.80) | 28.1 (1.23) | 28.9 (3.71) | 30.2 (1.69) | 33.7 (3.01) | 35.1 (1.15) | 35.4 (3.05) |
| $55,000–$74,999 | 27.8 (0.63) | 25.2 (0.77) | 27.7 (2.29) | 25.6 (5.29) | 31.3 (1.87) | 31.5 (3.74) | 32.2 (1.44) | 31.2 (4.89) |
| $75,000 or more | 22.5 (0.44) | 20.6 (0.49) | 23.9 (2.18) | 20.7 (4.94) | 28.0 (1.53) | 27.3 (3.13) | 25.6 (0.97) | 25.2 (3.45) |
| Poverty status[8] | | | | | | | | |
| Poor | 32.8 (0.63) | 37.1 (1.31) | 28.8 (0.93) | 26.5 (3.08) | 29.6 (2.41) | 31.5 (2.83) | 35.9 (1.24) | 36.0 (2.64) |
| Near poor | 33.0 (0.56) | 34.0 (0.92) | 29.2 (0.98) | 29.1 (3.15) | 31.4 (1.85) | 31.6 (2.55) | 35.6 (1.08) | 35.7 (2.78) |
| Not poor | 25.3 (0.32) | 23.0 (0.38) | 28.0 (0.89) | 23.1 (2.27) | 29.9 (0.98) | 29.9 (1.82) | 28.5 (0.68) | 28.3 (1.99) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 27.8 (0.33) | 25.4 (0.40) | 31.4 (0.89) | 30.3 (3.09) | 30.6 (1.02) | 29.7 (2.09) | 31.2 (0.63) | 30.8 (1.55) |
| Rented | 29.4 (0.44) | 29.6 (0.76) | 26.7 (0.67) | 23.2 (1.90) | 30.1 (1.47) | 32.2 (1.80) | 33.2 (0.91) | 34.9 (2.39) |
| Some other arrangement | 31.2 (1.55) | 28.5 (2.45) | 33.7 (2.88) | *24.5 (9.15) | 16.9 (4.05) | *27.5 (9.47) | 39.5 (3.85) | 52.8 (9.95) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 25.5 (0.32) | 23.0 (0.39) | 28.1 (0.76) | 27.4 (2.89) | 29.5 (0.99) | 28.9 (1.94) | 29.0 (0.69) | 31.2 (2.46) |
| Medicaid | 26.2 (0.47) | 27.3 (0.91) | 24.7 (0.80) | 20.4 (2.19) | 27.5 (1.74) | 27.7 (2.13) | 27.4 (0.91) | 25.0 (1.72) |
| Other | 25.4 (1.29) | 22.9 (1.81) | 31.8 (3.47) | *23.1 (10.17) | 21.3 (3.82) | *19.1 (6.32) | 29.7 (3.15) | 33.0 (8.30) |
| Uninsured | 53.0 (0.79) | 54.5 (1.31) | 50.4 (1.64) | 47.0 (4.58) | 44.7 (2.68) | 47.5 (3.57) | 54.9 (1.41) | 61.4 (3.22) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 27.5 (0.45) | 26.4 (0.68) | 24.8 (0.76) | 27.1 (2.55) | 27.6 (1.43) | 32.6 (2.24) | 30.9 (0.85) | 32.3 (2.41) |
| Small MSA | 25.9 (0.38) | 23.1 (0.45) | 27.9 (0.84) | 25.0 (2.50) | 28.2 (1.16) | 29.8 (2.05) | 30.0 (0.72) | 29.9 (1.83) |
| Not in MSA | 36.8 (0.86) | 35.8 (1.04) | 38.8 (1.52) | 26.5 (4.59) | 36.8 (1.67) | 30.5 (2.89) | 39.9 (1.52) | 38.4 (2.77) |
| Region | | | | | | | | |
| Northeast | 14.1 (0.47) | 12.6 (0.61) | 14.0 (0.89) | 19.2 (3.43) | 16.3 (1.68) | 17.1 (3.37) | 15.3 (0.93) | 23.9 (3.39) |
| Midwest | 28.3 (0.54) | 26.7 (0.74) | 29.0 (1.11) | 24.9 (3.80) | 29.7 (1.68) | 29.0 (2.73) | 30.9 (1.05) | 33.1 (3.24) |
| South | 30.9 (0.51) | 28.6 (0.63) | 31.6 (0.95) | 21.5 (2.65) | 32.7 (1.32) | 31.5 (2.11) | 34.6 (0.89) | 34.0 (1.89) |
| West | 36.0 (0.58) | 33.5 (0.80) | 36.3 (1.23) | 37.0 (3.33) | 34.7 (1.68) | 42.0 (2.97) | 41.0 (1.10) | 35.1 (2.70) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding receipt of medical checkup is obtained from a question that asked, "During the past 12 months, did [child's name] receive a well child check-up—that is, a general check-up when [he/she] was not sick or injured?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to receipt of medical checkups and family structure are not included in the column labeled "All children aged 1–17 who did not have a medical checkup in the past 12 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non–Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 41. Frequencies of children aged 2–17 who saw or talked with an eye doctor during the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who saw or talked with an eye doctor in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 14,932 | 7,002 | 2,608 | 88 | 1,361 | 416 | 2,999 | 458 |
| Sex | | | | | | | | |
| Male | 7,170 | 3,422 | 1,200 | 43 | 659 | 178 | 1,446 | 222 |
| Female | 7,761 | 3,580 | 1,407 | 44 | 702 | 238 | 1,553 | 236 |
| Age | | | | | | | | |
| 2–4 years | 765 | 437 | 115 | 12 | 47 | 33 | 96 | 25 |
| 5–17 years | 14,167 | 6,565 | 2,493 | 76 | 1,314 | 383 | 2,903 | 433 |
| 5–11 years | 6,366 | 3,318 | 1,160 | 40 | 632 | 206 | 820 | 190 |
| 12–17 years | 7,801 | 3,247 | 1,333 | 36 | 681 | 178 | 2,083 | 243 |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 2,129 | 783 | 406 | 20 | 193 | 61 | 581 | 87 |
| Mexican or Mexican American | 1,342 | 520 | 213 | 11 | 123 | 40 | 374 | 61 |
| Not Hispanic or Latino | 12,803 | 6,219 | 2,202 | 68 | 1,168 | 355 | 2,419 | 371 |
| White, single race | 9,798 | 5,320 | 1,286 | 48 | 956 | 247 | 1,740 | 202 |
| Black or African American, single race | 1,984 | 402 | 763 | *13 | 147 | 66 | 456 | 137 |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 1,312 | 347 | 378 | 14 | 76 | 74 | 392 | *31 |
| High school diploma or GED[6] | 3,004 | 1,077 | 668 | 29 | 326 | 145 | 715 | 44 |
| More than high school diploma | 10,180 | 5,570 | 1,455 | 44 | 949 | 194 | 1,865 | 102 |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 2,236 | 444 | 1,113 | 18 | 103 | 86 | 380 | 92 |
| $20,000–$34,999 | 2,289 | 703 | 689 | 27 | 213 | 79 | 465 | 113 |
| $35,000–$54,999 | 2,687 | 1,137 | 470 | 23 | 338 | 101 | 519 | 98 |
| $55,000–$74,999 | 2,369 | 1,261 | 174 | *10 | 276 | 73 | 510 | 64 |
| $75,000 or more | 5,352 | 3,456 | 162 | *10 | 432 | 77 | 1,125 | 90 |
| Poverty status[8] | | | | | | | | |
| Poor | 2,255 | 503 | 913 | 15 | 129 | 91 | 484 | 120 |
| Near poor | 2,971 | 917 | 767 | 40 | 325 | 109 | 669 | 144 |
| Not poor | 9,705 | 5,583 | 927 | 33 | 907 | 215 | 1,846 | 194 |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 10,966 | 6,002 | 1,136 | 41 | 991 | 196 | 2,279 | 320 |
| Rented | 3,655 | 872 | 1,384 | 45 | 349 | 212 | 671 | 122 |
| Some other arrangement | 279 | 113 | 83 | *1 | 21 | *7 | 40 | *13 |
| Health insurance coverage[10] | | | | | | | | |
| Private | 10,122 | 5,660 | 1,237 | 40 | 925 | 182 | 1,953 | 124 |
| Medicaid | 3,479 | 801 | 1,152 | 43 | 277 | 177 | 756 | 274 |
| Other | 313 | 151 | 54 | *– | 35 | *7 | 54 | *13 |
| Uninsured | 990 | 386 | 163 | *5 | 122 | 50 | 219 | 45 |
| Place of residence[11] | | | | | | | | |
| Large MSA | 3,745 | 1,416 | 913 | 26 | 303 | 105 | 836 | 145 |
| Small MSA | 8,001 | 4,091 | 1,184 | 36 | 669 | 192 | 1,620 | 209 |
| Not in MSA | 3,185 | 1,494 | 511 | 25 | 389 | 119 | 543 | 104 |
| Region | | | | | | | | |
| Northeast | 3,034 | 1,446 | 544 | 20 | 190 | 82 | 689 | 62 |
| Midwest | 3,950 | 1,996 | 663 | 28 | 369 | 106 | 679 | 108 |
| South | 5,258 | 2,344 | 977 | 19 | 522 | 148 | 1,038 | 210 |
| West | 2,690 | 1,216 | 423 | 21 | 280 | 79 | 593 | 77 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding contacts with an eye doctor were obtained from a question that asked, "During the past 12 months, have you seen or talked with an optometrist, opthalmologist, or eye doctor (someone who prescribes eye glasses) about [child's name]'s health?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to contacts with eye doctors and family structure are not included in the column labeled "All children aged 2–17 who saw or talked with an eye doctor in the past 12 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non–Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 42. Percentages (with standard errors) of children aged 2–17 who saw or talked with an eye doctor during the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who saw or talked with an eye doctor in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 23.0 (0.23) | 22.7 (0.32) | 23.6 (0.51) | 12.5 (1.47) | 23.8 (0.80) | 20.4 (1.08) | 24.0 (0.48) | 22.3 (1.18) |
| Sex | | | | | | | | |
| Male | 21.6 (0.30) | 21.6 (0.44) | 22.0 (0.68) | 11.6 (1.94) | 22.5 (1.07) | 16.9 (1.41) | 22.3 (0.62) | 21.3 (1.61) |
| Female | 24.5 (0.31) | 23.9 (0.44) | 25.3 (0.72) | 13.4 (2.18) | 25.1 (1.10) | 24.1 (1.66) | 25.8 (0.69) | 23.4 (1.67) |
| Age | | | | | | | | |
| 2–4 years | 6.3 (0.27) | 6.4 (0.37) | 6.9 (0.67) | 4.0 (1.16) | 5.9 (1.21) | 7.9 (1.69) | 5.3 (0.61) | 7.8 (2.11) |
| 5–17 years | 26.9 (0.26) | 27.4 (0.39) | 26.6 (0.58) | 18.6 (2.25) | 26.7 (0.89) | 23.5 (1.28) | 27.2 (0.54) | 25.0 (1.33) |
| 5–11 years | 22.7 (0.33) | 23.0 (0.47) | 23.7 (0.79) | 13.5 (2.10) | 24.8 (1.22) | 21.1 (1.65) | 20.0 (0.76) | 23.1 (1.84) |
| 12–17 years | 31.6 (0.38) | 34.0 (0.61) | 29.7 (0.82) | 32.2 (5.36) | 28.6 (1.21) | 27.0 (2.02) | 31.7 (0.70) | 26.7 (1.92) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 17.7 (0.40) | 16.0 (0.57) | 21.2 (0.94) | 8.6 (1.67) | 22.0 (1.58) | 16.3 (1.94) | 17.5 (0.73) | 19.5 (2.06) |
| Mexican or Mexican American | 16.3 (0.49) | 14.7 (0.66) | 20.1 (1.27) | 7.5 (1.91) | 20.8 (1.88) | 16.5 (2.42) | 16.2 (0.86) | 18.6 (2.40) |
| Not Hispanic or Latino | 24.2 (0.26) | 24.0 (0.37) | 24.2 (0.59) | 14.3 (2.01) | 24.1 (0.89) | 21.3 (1.24) | 26.4 (0.60) | 23.1 (1.40) |
| White, single race | 25.1 (0.30) | 24.4 (0.40) | 26.1 (0.85) | 15.8 (2.47) | 24.9 (1.01) | 20.4 (1.45) | 28.9 (0.79) | 23.9 (1.99) |
| Black or African American, single race | 21.0 (0.53) | 21.1 (1.06) | 21.3 (0.83) | *10.6 (3.29) | 19.4 (1.87) | 19.3 (2.71) | 21.5 (1.02) | 22.4 (2.17) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 16.2 (0.51) | 14.4 (0.89) | 18.1 (1.05) | 9.1 (2.24) | 16.8 (2.34) | 17.6 (2.47) | 16.0 (0.91) | 21.5 (5.47) |
| High school diploma or GED[6] | 20.7 (0.42) | 20.7 (0.69) | 21.4 (0.88) | 10.9 (2.32) | 20.1 (1.55) | 19.7 (1.91) | 21.5 (0.84) | 22.4 (4.62) |
| More than high school diploma | 25.4 (0.29) | 24.2 (0.37) | 27.5 (0.76) | 15.9 (2.60) | 26.4 (0.98) | 22.3 (1.64) | 28.7 (0.71) | 23.9 (2.83) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 20.1 (0.49) | 18.1 (1.00) | 21.3 (0.69) | 9.9 (2.30) | 18.4 (2.23) | 19.1 (2.35) | 20.5 (1.12) | 22.0 (2.34) |
| $20,000–$34,999 | 20.6 (0.52) | 18.0 (0.85) | 23.6 (0.96) | 14.1 (3.27) | 21.1 (1.76) | 16.5 (2.28) | 21.4 (1.14) | 23.9 (2.73) |
| $35,000–$54,999 | 21.5 (0.51) | 20.1 (0.79) | 27.0 (1.32) | 12.2 (3.10) | 23.7 (1.81) | 20.8 (2.32) | 20.5 (1.04) | 21.1 (2.65) |
| $55,000–$74,999 | 24.3 (0.60) | 23.1 (0.78) | 28.2 (2.29) | 12.5 (3.64) | 25.2 (1.79) | 26.4 (3.45) | 26.3 (1.38) | 23.0 (3.44) |
| $75,000 or more | 26.3 (0.40) | 25.9 (0.51) | 30.4 (2.67) | 15.5 (4.48) | 26.4 (1.45) | 21.9 (2.56) | 28.2 (0.87) | 21.8 (2.84) |
| Poverty status[8] | | | | | | | | |
| Poor | 19.4 (0.52) | 17.9 (1.00) | 20.6 (0.78) | 8.6 (2.33) | 18.6 (2.06) | 18.4 (2.36) | 19.6 (1.04) | 22.2 (2.48) |
| Near poor | 20.7 (0.47) | 18.0 (0.80) | 24.2 (0.98) | 16.3 (3.24) | 22.7 (1.85) | 18.7 (2.17) | 21.0 (0.99) | 23.0 (2.40) |
| Not poor | 25.0 (0.30) | 24.4 (0.38) | 27.1 (0.88) | 11.5 (1.87) | 25.2 (0.96) | 22.4 (1.63) | 27.0 (0.66) | 21.9 (1.71) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 24.6 (0.28) | 23.9 (0.37) | 27.5 (0.86) | 13.9 (2.39) | 25.3 (1.03) | 22.9 (1.65) | 25.8 (0.58) | 22.7 (1.42) |
| Rented | 19.4 (0.37) | 16.9 (0.64) | 21.2 (0.63) | 11.6 (1.93) | 20.8 (1.34) | 18.9 (1.41) | 19.8 (0.82) | 21.2 (2.20) |
| Some other arrangement | 23.2 (1.50) | 23.9 (2.41) | 25.9 (2.75) | *5.4 (3.83) | 18.4 (3.90) | *17.3 (7.61) | 21.4 (3.85) | *26.4 (8.90) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 24.8 (0.28) | 23.9 (0.37) | 26.5 (0.80) | 15.8 (2.73) | 24.8 (0.93) | 22.7 (1.83) | 27.7 (0.65) | 19.3 (1.91) |
| Medicaid | 21.9 (0.44) | 20.8 (0.86) | 22.9 (0.75) | 12.3 (2.12) | 22.4 (1.76) | 20.3 (1.70) | 21.4 (0.91) | 26.5 (1.84) |
| Other | 22.9 (1.35) | 24.0 (2.24) | 23.5 (3.29) | *– | 18.9 (3.44) | *12.8 (4.94) | 25.1 (3.16) | 27.0 (8.09) |
| Uninsured | 15.3 (0.56) | 15.0 (0.94) | 15.7 (1.23) | *5.0 (1.91) | 22.1 (2.77) | 16.5 (2.55) | 13.8 (0.92) | 14.2 (2.24) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 20.5 (0.39) | 19.8 (0.61) | 21.7 (0.75) | 10.5 (2.12) | 21.9 (1.39) | 18.1 (1.66) | 20.9 (0.77) | 20.6 (1.86) |
| Small MSA | 23.3 (0.31) | 22.7 (0.43) | 24.4 (0.79) | 11.3 (1.90) | 23.2 (1.08) | 20.7 (1.73) | 24.9 (0.66) | 23.6 (1.84) |
| Not in MSA | 26.1 (0.58) | 26.4 (0.81) | 26.0 (1.28) | 18.7 (4.64) | 26.7 (1.89) | 22.4 (2.13) | 27.5 (1.31) | 22.5 (2.76) |
| Region | | | | | | | | |
| Northeast | 25.9 (0.52) | 24.8 (0.80) | 27.5 (1.31) | 15.6 (3.79) | 25.7 (2.04) | 26.5 (3.24) | 28.6 (1.12) | 21.2 (2.99) |
| Midwest | 25.9 (0.49) | 26.4 (0.70) | 25.4 (1.14) | 15.3 (3.40) | 25.7 (1.80) | 19.6 (1.96) | 27.3 (1.21) | 26.9 (2.96) |
| South | 22.3 (0.38) | 22.1 (0.53) | 22.2 (0.75) | 9.5 (2.51) | 21.8 (1.27) | 19.2 (1.81) | 24.2 (0.80) | 23.3 (1.81) |
| West | 18.7 (0.43) | 17.8 (0.61) | 20.9 (1.15) | 10.8 (2.22) | 24.2 (1.48) | 19.0 (1.96) | 18.0 (0.85) | 16.9 (2.08) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding contacts with an eye doctor were obtained from a question that asked, ''During the past 12 months, have you seen or talked with an optometrist, opthalmologist, or eye doctor (someone who prescribes eye glasses) about [child's name]'s health?'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to contacts with eye doctors and family structure are not included in the column labeled "All children aged 2–17 who saw or talked with an eye doctor in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as "non–Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 43. Frequencies of children under age 18 who had medical care delayed during the past 12 months due to concerns over cost, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 who had medical care delayed in the past 12 months due to concerns over cost | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 2,775 | 986 | 686 | 45 | 279 | 134 | 564 | 80 |
| **Sex** | | | | | | | | |
| Male | 1,415 | 511 | 331 | 23 | 143 | 74 | 299 | 34 |
| Female | 1,360 | 476 | 355 | 22 | 137 | 59 | 265 | 46 |
| **Age** | | | | | | | | |
| 0–4 years | 606 | 258 | 109 | 22 | 57 | 30 | 116 | *14 |
| 5–17 years | 2,169 | 728 | 577 | 23 | 222 | 104 | 448 | 66 |
| 5–11 years | 1,038 | 413 | 260 | 17 | 112 | 46 | 166 | 23 |
| 12–17 years | 1,132 | 315 | 317 | *7 | 110 | 57 | 282 | *44 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 603 | 207 | 107 | 13 | 49 | 27 | 182 | 18 |
| Mexican or Mexican American | 435 | 168 | 62 | 11 | 33 | 18 | 132 | *13 |
| Not Hispanic or Latino | 2,172 | 779 | 579 | 32 | 230 | 107 | 383 | 63 |
| White, single race | 1,628 | 649 | 370 | 27 | 189 | 86 | 265 | *42 |
| Black or African American, single race | 370 | 59 | 176 | *3 | 27 | *13 | 81 | 12 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 455 | 130 | 111 | 10 | 30 | 33 | 138 | *4 |
| High school diploma or GED[6] | 697 | 216 | 164 | 13 | 102 | 45 | 149 | *7 |
| More than high school diploma | 1,552 | 639 | 383 | 22 | 147 | 56 | 270 | *34 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 680 | 157 | 332 | 8 | 46 | 30 | 97 | *10 |
| $20,000–$34,999 | 744 | 250 | 220 | 18 | 62 | 35 | 141 | 17 |
| $35,000–$54,999 | 673 | 255 | 101 | 15 | 97 | 45 | 142 | *18 |
| $55,000–$74,999 | 334 | 144 | 20 | *2 | 49 | *13 | 86 | *20 |
| $75,000 or more | 343 | 180 | *12 | *2 | 25 | *11 | 99 | *15 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 673 | 176 | 263 | *8 | 52 | 34 | 127 | *13 |
| Near poor | 964 | 297 | 253 | 18 | 105 | 48 | 203 | *41 |
| Not poor | 1,138 | 513 | 171 | 19 | 122 | 52 | 235 | *27 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1,547 | 682 | 225 | 21 | 153 | 49 | 353 | 64 |
| Rented | 1,148 | 282 | 436 | 24 | 121 | 71 | 199 | 14 |
| Some other arrangement | 64 | 19 | 24 | *– | *3 | *4 | *12 | *2 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 980 | 446 | 201 | 12 | 97 | 24 | 176 | *24 |
| Medicaid | 585 | 133 | 197 | 16 | 57 | 41 | 119 | *22 |
| Other | 32 | *5 | *8 | *– | *4 | *10 | *5 | *– |
| Uninsured | 1,171 | 402 | 277 | 17 | 122 | 58 | 261 | 34 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 834 | 240 | 248 | 17 | 78 | 43 | 180 | *29 |
| Small MSA | 1,396 | 540 | 315 | 18 | 135 | 53 | 302 | 33 |
| Not in MSA | 545 | 206 | 123 | *11 | 67 | 38 | 82 | 18 |
| **Region** | | | | | | | | |
| Northeast | 349 | 112 | 86 | *6 | 42 | 24 | 76 | *2 |
| Midwest | 679 | 258 | 164 | 13 | 64 | 33 | 121 | *26 |
| South | 1,061 | 371 | 289 | 12 | 119 | 40 | 194 | 37 |
| West | 687 | 246 | 147 | 14 | 54 | 37 | 173 | *15 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding the delay of medical care due to cost is obtained from a question in the Family Core that asked, "During the past 12 months, [have/has] [you/anyone in the family] delayed seeking medical care because of worry about the cost?" In the event of an affirmative response, the affected family member(s) was (were) identified. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to delays in receipt of medical care due to cost and family structure are not included in the column labeled "All children under age 18 who had medical care delayed in the past 12 months due to concerns over cost" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non–Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 44. Percentages (with standard errors) of children under age 18 who had medical care delayed during the past 12 months due to concerns over cost, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children under age 18 who had medical care delayed in the past 12 months due to concerns over cost | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 3.8 (0.09) | 2.8 (0.11) | 5.7 (0.25) | 4.3 (0.57) | 4.4 (0.37) | 5.9 (0.64) | 4.1 (0.19) | 3.5 (0.68) |
| Sex | | | | | | | | |
| Male | 3.8 (0.13) | 2.8 (0.16) | 5.6 (0.34) | 4.1 (0.75) | 4.4 (0.52) | 6.3 (1.03) | 4.2 (0.27) | 2.9 (0.71) |
| Female | 3.8 (0.13) | 2.8 (0.15) | 5.9 (0.36) | 4.4 (0.90) | 4.4 (0.54) | 5.4 (0.82) | 4.0 (0.27) | 4.2 (1.16) |
| Age | | | | | | | | |
| 0–4 years | 3.0 (0.16) | 2.3 (0.19) | 4.3 (0.51) | 3.3 (0.57) | 4.2 (0.75) | 4.9 (1.00) | 3.7 (0.40) | *2.7 (1.09) |
| 5–17 years | 4.1 (0.11) | 3.0 (0.14) | 6.1 (0.29) | 5.7 (1.16) | 4.5 (0.41) | 6.3 (0.80) | 4.2 (0.22) | 3.8 (0.82) |
| 5–11 years | 3.7 (0.14) | 2.9 (0.17) | 5.3 (0.38) | 5.6 (1.34) | 4.4 (0.54) | 4.7 (0.81) | 4.0 (0.35) | 2.7 (0.72) |
| 12–17 years | 4.6 (0.17) | 3.3 (0.23) | 7.0 (0.44) | *5.9 (2.25) | 4.6 (0.64) | 8.6 (1.68) | 4.3 (0.28) | 4.8 (1.41) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 4.4 (0.18) | 3.7 (0.25) | 5.1 (0.45) | 4.0 (0.87) | 5.0 (0.72) | 6.5 (1.14) | 4.8 (0.35) | 3.3 (0.85) |
| Mexican or Mexican American | 4.6 (0.22) | 4.1 (0.31) | 5.3 (0.59) | 4.8 (1.19) | 4.9 (0.88) | 6.6 (1.38) | 4.9 (0.43) | *3.4 (1.02) |
| Not Hispanic or Latino | 3.7 (0.11) | 2.6 (0.12) | 5.9 (0.29) | 4.4 (0.72) | 4.3 (0.42) | 5.8 (0.74) | 3.8 (0.23) | 3.6 (0.84) |
| White, single race | 3.7 (0.13) | 2.6 (0.14) | 7.1 (0.46) | 5.7 (1.04) | 4.5 (0.49) | 6.5 (0.97) | 4.1 (0.29) | *4.7 (1.44) |
| Black or African American, single race | 3.5 (0.20) | 2.7 (0.42) | 4.4 (0.34) | *1.6 (0.68) | 3.1 (0.64) | *3.2 (0.99) | 3.4 (0.43) | 1.8 (0.48) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 4.8 (0.25) | 4.7 (0.43) | 4.7 (0.46) | 4.3 (1.25) | 5.8 (1.57) | 7.1 (1.34) | 4.8 (0.47) | *2.2 (1.01) |
| High school diploma or GED[6] | 4.3 (0.20) | 3.7 (0.32) | 4.8 (0.43) | 3.3 (0.76) | 5.7 (0.84) | 5.5 (1.02) | 4.0 (0.34) | *2.9 (1.53) |
| More than high school diploma | 3.5 (0.11) | 2.4 (0.12) | 6.8 (0.39) | 5.2 (1.02) | 3.7 (0.38) | 5.8 (1.07) | 3.9 (0.26) | *7.4 (2.74) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 5.3 (0.23) | 5.3 (0.47) | 5.7 (0.33) | 2.6 (0.69) | 7.0 (1.26) | 5.7 (1.31) | 4.5 (0.48) | *2.0 (0.68) |
| $20,000–$34,999 | 5.9 (0.26) | 5.4 (0.39) | 7.1 (0.60) | 6.3 (1.43) | 5.5 (0.83) | 6.6 (1.69) | 5.7 (0.54) | 3.3 (0.81) |
| $35,000–$54,999 | 4.8 (0.23) | 3.9 (0.30) | 5.6 (0.70) | 5.8 (1.44) | 6.2 (0.95) | 8.2 (1.80) | 5.0 (0.53) | *3.6 (1.13) |
| $55,000–$74,999 | 3.1 (0.24) | 2.3 (0.24) | 3.2 (0.85) | *2.2 (1.26) | 4.1 (0.84) | *4.4 (1.74) | 4.1 (0.59) | *6.6 (3.72) |
| $75,000 or more | 1.5 (0.12) | 1.2 (0.13) | *2.2 (0.71) | *1.8 (1.24) | 1.4 (0.41) | *2.9 (1.52) | 2.3 (0.31) | *3.3 (1.51) |
| Poverty status[8] | | | | | | | | |
| Poor | 5.0 (0.24) | 5.3 (0.49) | 5.2 (0.39) | *3.0 (0.91) | 6.3 (1.08) | 5.9 (1.46) | 4.4 (0.47) | *2.1 (0.74) |
| Near poor | 5.9 (0.27) | 5.0 (0.36) | 7.4 (0.57) | 5.0 (1.09) | 6.6 (1.03) | 7.1 (1.58) | 5.7 (0.47) | *5.9 (1.86) |
| Not poor | 2.6 (0.10) | 2.0 (0.11) | 4.8 (0.40) | 4.5 (0.96) | 3.1 (0.36) | 5.1 (0.89) | 3.2 (0.23) | 2.8 (0.83) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 3.1 (0.11) | 2.4 (0.12) | 5.2 (0.40) | 5.4 (1.09) | 3.6 (0.41) | 5.3 (0.99) | 3.7 (0.22) | 4.2 (0.98) |
| Rented | 5.2 (0.19) | 4.4 (0.30) | 6.0 (0.34) | 3.8 (0.66) | 6.4 (0.83) | 5.6 (0.80) | 5.1 (0.39) | 2.1 (0.53) |
| Some other arrangement | 4.5 (0.58) | 3.2 (0.83) | 6.8 (1.46) | *– | *2.4 (1.47) | *8.2 (5.15) | *6.0 (2.05) | *2.7 (1.90) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 2.2 (0.09) | 1.7 (0.10) | 4.1 (0.34) | 3.2 (0.87) | 2.4 (0.30) | 2.8 (0.73) | 2.4 (0.20) | *3.5 (1.74) |
| Medicaid | 3.1 (0.16) | 2.8 (0.29) | 3.5 (0.31) | 2.8 (0.68) | 4.0 (0.72) | 4.1 (0.76) | 2.8 (0.26) | *1.9 (0.60) |
| Other | 2.0 (0.46) | *0.6 (0.30) | *3.2 (0.98) | *– | *2.0 (0.99) | *17.7 (8.53) | *2.2 (1.25) | *– |
| Uninsured | 16.7 (0.57) | 14.2 (0.83) | 25.5 (1.47) | 15.2 (2.87) | 20.6 (2.50) | 18.1 (2.96) | 15.2 (0.98) | 9.9 (1.93) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 4.0 (0.17) | 2.9 (0.24) | 5.3 (0.34) | 4.4 (0.92) | 5.0 (0.67) | 6.5 (1.37) | 4.0 (0.30) | *3.6 (1.47) |
| Small MSA | 3.6 (0.13) | 2.6 (0.15) | 6.1 (0.42) | 3.9 (0.80) | 4.2 (0.58) | 5.1 (0.79) | 4.2 (0.28) | 3.4 (0.87) |
| Not in MSA | 4.0 (0.24) | 3.2 (0.26) | 5.8 (0.69) | *4.8 (1.47) | 4.2 (0.64) | 6.6 (1.45) | 3.7 (0.49) | 3.7 (1.06) |
| Region | | | | | | | | |
| Northeast | 2.7 (0.17) | 1.7 (0.21) | 4.0 (0.51) | *3.4 (1.44) | 5.3 (1.48) | 6.8 (1.85) | 2.9 (0.39) | *0.7 (0.46) |
| Midwest | 3.9 (0.22) | 3.0 (0.24) | 5.8 (0.55) | 4.6 (1.07) | 4.0 (0.65) | 5.4 (1.46) | 4.4 (0.47) | *5.9 (2.60) |
| South | 4.0 (0.16) | 3.0 (0.20) | 6.0 (0.38) | 3.7 (0.95) | 4.5 (0.58) | 4.7 (0.81) | 4.0 (0.31) | 3.7 (0.78) |
| West | 4.3 (0.21) | 3.1 (0.25) | 6.8 (0.66) | 5.2 (1.21) | 4.3 (0.62) | 8.1 (1.42) | 4.8 (0.40) | *3.0 (1.16) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding the delay of medical care due to cost is obtained from a question in the Family Core that asked, ''During the past 12 months, [have/has] [you/anyone in the family] delayed seeking medical care because of worry about the cost?'' In the event of an affirmative response, the affected family member(s) was (were) identified. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to delays in receipt of medical care due to cost and family structure are not included in the column labeled ''All children under age 18 who had medical care delayed in the past 12 months due to concerns over cost'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non–Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 45. Frequencies of children aged 2–17 who did not receive needed prescription medication during the past 12 months due to lack of affordability, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who did not receive needed prescription medication in the past 12 months due lack of affordability | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 1,838 | 553 | 501 | 24 | 171 | 88 | 447 | 55 |
| **Sex** | | | | | | | | |
| Male | 921 | 256 | 247 | 15 | 112 | 45 | 217 | 28 |
| Female | 917 | 297 | 254 | *9 | 60 | 42 | 230 | 26 |
| **Age** | | | | | | | | |
| 2–4 years | 293 | 110 | 70 | *7 | *15 | 21 | 61 | *9 |
| 5–17 years | 1,546 | 442 | 432 | 18 | 156 | 67 | 385 | 46 |
| 5–11 years | 705 | 249 | 197 | 12 | 73 | 24 | 133 | 17 |
| 12–17 years | 840 | 194 | 235 | *5 | 83 | 43 | 252 | 29 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 530 | 172 | 96 | 12 | 43 | 25 | 165 | 16 |
| Mexican or Mexican American | 391 | 147 | 57 | *9 | 36 | 18 | 112 | 14 |
| Not Hispanic or Latino | 1,308 | 381 | 405 | *12 | 128 | 63 | 282 | 38 |
| White, single race | 880 | 299 | 234 | *9 | 93 | 51 | 177 | 18 |
| Black or African American, single race | 334 | 55 | 144 | *2 | 34 | 11 | 74 | 14 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 419 | 106 | 111 | *6 | 30 | 28 | 134 | *5 |
| High school diploma or GED[6] | 523 | 153 | 142 | *7 | 56 | 34 | 124 | *8 |
| More than high school diploma | 840 | 295 | 231 | *12 | 84 | 25 | 184 | *8 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 614 | 119 | 286 | *7 | 32 | 33 | 119 | 19 |
| $20,000–$34,999 | 520 | 168 | 134 | *6 | 53 | *17 | 127 | 15 |
| $35,000–$54,999 | 389 | 138 | 62 | *5 | 56 | 23 | 95 | *10 |
| $55,000–$74,999 | 165 | 52 | *14 | *6 | 20 | *9 | 56 | *8 |
| $75,000 or more | 150 | 76 | *5 | *– | *9 | *6 | 50 | *3 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 612 | 135 | 233 | *8 | 36 | 32 | 146 | 21 |
| Near poor | 633 | 192 | 159 | *7 | 70 | 22 | 161 | 23 |
| Not poor | 594 | 226 | 110 | *10 | 65 | 34 | 139 | 10 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 887 | 329 | 143 | *14 | 91 | 35 | 247 | 29 |
| Rented | 892 | 206 | 334 | 10 | 79 | 52 | 186 | 24 |
| Some other arrangement | 54 | *15 | 23 | *– | *2 | *– | *13 | *1 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 626 | 231 | 150 | *6 | 72 | *20 | 140 | *6 |
| Medicaid | 538 | 102 | 192 | *8 | 46 | 32 | 142 | 17 |
| Other | *14 | *7 | *4 | *– | *1 | *– | *1 | *1 |
| Uninsured | 652 | 210 | 154 | *11 | 51 | 35 | 160 | 31 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 618 | 143 | 189 | *11 | 66 | 33 | 156 | 18 |
| Small MSA | 869 | 310 | 225 | *10 | 57 | 31 | 218 | 20 |
| Not in MSA | 351 | 100 | 88 | *3 | 48 | 24 | 72 | 16 |
| **Region** | | | | | | | | |
| Northeast | 218 | 51 | 74 | *3 | *15 | *11 | 57 | *7 |
| Midwest | 343 | 97 | 93 | *4 | 37 | 17 | 82 | *14 |
| South | 851 | 266 | 240 | *10 | 91 | 36 | 188 | 19 |
| West | 426 | 138 | 94 | *8 | 28 | 24 | 120 | 14 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single–parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding not receiving prescription medication due to lack of affordability is based on a question that asked, "During the past 12 months, was there any time when [child's name] needed prescription medication, but didn't get it because you couldn't afford it?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to not receiving prescription medication and family structure are not included in the column labeled "All children aged 2–17 who did not receive needed prescription medication in the past 12 months due to lack of affordability" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non–Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 46. Percentages (with standard errors) of children aged 2–17 who did not receive needed prescription medication during the past 12 months due to lack of affordability, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who did not receive needed prescription medication in the past 12 months due to lack of afforability | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 2.8 (0.08) | 1.8 (0.09) | 4.5 (0.24) | 3.4 (0.72) | 3.0 (0.26) | 4.3 (0.52) | 3.6 (0.19) | 2.6 (0.37) |
| **Sex** | | | | | | | | |
| Male | 2.8 (0.11) | 1.6 (0.12) | 4.5 (0.32) | 4.2 (1.11) | 3.8 (0.42) | 4.3 (0.70) | 3.3 (0.25) | 2.7 (0.54) |
| Female | 2.9 (0.11) | 2.0 (0.14) | 4.5 (0.35) | *2.6 (0.86) | 2.1 (0.31) | 4.3 (0.80) | 3.8 (0.29) | 2.6 (0.52) |
| **Age** | | | | | | | | |
| 2–4 years | 2.4 (0.17) | 1.6 (0.18) | 4.2 (0.56) | *2.2 (0.76) | *1.9 (0.57) | 5.0 (1.20) | 3.4 (0.54) | *2.8 (0.98) |
| 5–17 years | 2.9 (0.09) | 1.8 (0.11) | 4.6 (0.26) | 4.3 (1.10) | 3.2 (0.29) | 4.1 (0.57) | 3.6 (0.20) | 2.6 (0.40) |
| 5–11 years | 2.5 (0.11) | 1.7 (0.13) | 4.0 (0.36) | 4.2 (1.23) | 2.9 (0.39) | 2.4 (0.51) | 3.2 (0.30) | 2.0 (0.49) |
| 12–17 years | 3.4 (0.14) | 2.0 (0.19) | 5.2 (0.37) | *4.6 (2.35) | 3.5 (0.47) | 6.5 (1.24) | 3.8 (0.26) | 3.2 (0.62) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 4.4 (0.20) | 3.5 (0.28) | 5.0 (0.52) | 5.4 (1.52) | 4.9 (0.73) | 6.7 (1.35) | 5.0 (0.38) | 3.7 (0.77) |
| Mexican or Mexican American | 4.7 (0.25) | 4.1 (0.36) | 5.3 (0.68) | 5.6 (1.63) | 6.1 (1.00) | 7.3 (1.80) | 4.8 (0.44) | 4.3 (1.00) |
| Not Hispanic or Latino | 2.5 (0.09) | 1.5 (0.10) | 4.4 (0.27) | *2.5 (0.76) | 2.6 (0.29) | 3.7 (0.57) | 3.1 (0.21) | 2.4 (0.42) |
| White, single race | 2.3 (0.10) | 1.4 (0.10) | 4.7 (0.38) | *2.8 (1.01) | 2.4 (0.31) | 4.2 (0.74) | 2.9 (0.29) | 2.1 (0.56) |
| Black or African American, single race | 3.5 (0.21) | 2.9 (0.49) | 4.0 (0.36) | *1.8 (1.41) | 4.5 (0.86) | 3.2 (0.87) | 3.5 (0.42) | 2.3 (0.69) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 5.1 (0.29) | 4.4 (0.50) | 5.3 (0.64) | *3.5 (1.39) | 6.7 (1.28) | 6.6 (1.45) | 5.4 (0.48) | *3.2 (1.99) |
| High school diploma or GED[6] | 3.6 (0.19) | 2.9 (0.31) | 4.5 (0.42) | *2.5 (0.88) | 3.5 (0.61) | 4.6 (0.94) | 3.7 (0.37) | *4.0 (1.68) |
| More than high school diploma | 2.1 (0.09) | 1.3 (0.09) | 4.4 (0.33) | *4.4 (1.39) | 2.3 (0.30) | 2.9 (0.59) | 2.8 (0.24) | *2.0 (0.80) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 5.5 (0.25) | 4.8 (0.52) | 5.5 (0.38) | *3.9 (1.43) | 5.7 (1.15) | 7.3 (1.46) | 6.4 (0.65) | 4.5 (1.05) |
| $20,000–$34,999 | 4.7 (0.23) | 4.3 (0.41) | 4.6 (0.41) | *3.2 (1.41) | 5.3 (0.90) | *3.5 (1.16) | 5.8 (0.56) | 3.1 (0.92) |
| $35,000–$54,999 | 3.1 (0.19) | 2.4 (0.28) | 3.6 (0.55) | *2.7 (1.10) | 4.0 (0.67) | 4.6 (1.21) | 3.7 (0.46) | *2.2 (0.72) |
| $55,000–$74,999 | 1.7 (0.19) | 1.0 (0.17) | *2.2 (0.68) | *7.1 (3.60) | 1.8 (0.54) | *3.2 (1.45) | 2.9 (0.61) | *2.8 (1.09) |
| $75,000 or more | 0.7 (0.08) | 0.6 (0.10) | *1.0 (0.57) | *– | *0.6 (0.26) | *1.8 (1.16) | 1.2 (0.22) | *0.7 (0.34) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 5.2 (0.25) | 4.8 (0.50) | 5.2 (0.42) | *4.6 (1.68) | 5.2 (1.01) | 6.4 (1.32) | 5.9 (0.58) | 4.0 (1.00) |
| Near poor | 4.4 (0.21) | 3.7 (0.36) | 5.0 (0.45) | *2.7 (1.04) | 4.9 (0.71) | 3.7 (1.02) | 5.1 (0.46) | 3.6 (0.85) |
| Not poor | 1.5 (0.07) | 1.0 (0.08) | 3.2 (0.34) | *3.4 (1.26) | 1.8 (0.27) | 3.5 (0.77) | 2.0 (0.21) | 1.2 (0.30) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 2.0 (0.08) | 1.3 (0.09) | 3.4 (0.32) | *4.7 (1.42) | 2.3 (0.29) | 4.1 (0.88) | 2.8 (0.20) | 2.1 (0.38) |
| Rented | 4.7 (0.18) | 4.0 (0.34) | 5.1 (0.34) | 2.6 (0.70) | 4.7 (0.63) | 4.6 (0.70) | 5.5 (0.43) | 4.2 (0.92) |
| Some other arrangement | 4.5 (0.71) | *3.2 (1.15) | 7.1 (1.62) | *– | *1.8 (1.06) | *– | 6.7 (1.96) | *2.1 (2.08) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 1.5 (0.08) | 1.0 (0.08) | 3.2 (0.29) | *2.3 (1.04) | 1.9 (0.30) | *2.4 (0.74) | 2.0 (0.20) | *0.9 (0.39) |
| Medicaid | 3.4 (0.17) | 2.6 (0.32) | 3.8 (0.34) | *2.2 (0.74) | 3.7 (0.61) | 3.6 (0.72) | 4.0 (0.38) | 1.6 (0.37) |
| Other | *1.0 (0.33) | *1.1 (0.63) | *1.9 (0.76) | *– | *0.6 (0.48) | *– | *0.6 (0.33) | *1.3 (1.30) |
| Uninsured | 10.1 (0.40) | 8.2 (0.66) | 14.8 (1.18) | *11.4 (3.43) | 9.3 (1.39) | 11.7 (2.19) | 10.0 (0.76) | 9.7 (1.82) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 3.4 (0.16) | 2.0 (0.19) | 4.5 (0.34) | *4.5 (1.40) | 4.8 (0.74) | 5.7 (1.24) | 3.9 (0.35) | 2.6 (0.56) |
| Small MSA | 2.5 (0.11) | 1.7 (0.13) | 4.6 (0.38) | *3.0 (1.01) | 2.0 (0.28) | 3.3 (0.63) | 3.3 (0.24) | 2.2 (0.55) |
| Not in MSA | 2.9 (0.18) | 1.8 (0.20) | 4.5 (0.62) | *2.4 (1.20) | 3.3 (0.56) | 4.4 (0.99) | 3.7 (0.53) | 3.5 (0.96) |
| **Region** | | | | | | | | |
| Northeast | 1.9 (0.16) | 0.9 (0.18) | 3.7 (0.53) | *2.1 (1.45) | 2.1 (0.61) | 3.6 (1.04) | 2.3 (0.34) | *2.2 (1.05) |
| Midwest | 2.2 (0.15) | 1.3 (0.17) | 3.5 (0.44) | *2.0 (0.86) | 2.6 (0.45) | 3.0 (0.84) | 3.3 (0.41) | *3.6 (1.10) |
| South | 3.6 (0.14) | 2.5 (0.17) | 5.4 (0.44) | *4.9 (1.73) | 3.8 (0.48) | 4.7 (0.90) | 4.4 (0.35) | 2.1 (0.43) |
| West | 3.0 (0.17) | 2.0 (0.21) | 4.6 (0.51) | *4.2 (1.40) | 2.5 (0.49) | 5.6 (1.38) | 3.6 (0.37) | 3.1 (0.78) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding not receiving prescription medication due to lack of affordability is based on a question that asked, "During the past 12 months, was there any time when [child's name] needed prescription medication, but didn't get it because you couldn't afford it?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to not receiving prescription medication and family structure are not included in the column labeled "All children aged 2–17 who did not receive needed prescription medication in the past 12 months due to lack of affordability" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 47. Frequencies of children aged 2–17 who needed but did not get eyeglasses during the past 12 months due to lack of affordability, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who needed but did not get eyeglasses in the past 12 months due to lack of affordability | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 1,413 | 400 | 379 | 15 | 152 | 58 | 357 | 52 |
| **Sex** | | | | | | | | |
| Male | 650 | 181 | 178 | *6 | 74 | 29 | 168 | 13 |
| Female | 763 | 219 | 201 | *8 | 78 | 29 | 189 | 39 |
| **Age** | | | | | | | | |
| 2–4 years | 50 | 29 | *5 | *1 | *1 | *2 | *7 | *4 |
| 5–17 years | 1,363 | 371 | 374 | *14 | 151 | 55 | 350 | 48 |
| 5–11 years | 478 | 152 | 134 | *5 | 50 | 19 | 102 | *15 |
| 12–17 years | 886 | 218 | 241 | *9 | 101 | 36 | 248 | 33 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 377 | 120 | 64 | *7 | 35 | 15 | 122 | *13 |
| Mexican or Mexican American | 283 | 101 | 40 | *3 | 27 | 8 | 90 | *12 |
| Not Hispanic or Latino | 1,036 | 280 | 315 | *8 | 117 | 43 | 235 | 39 |
| White, single race | 708 | 237 | 180 | *5 | 93 | 33 | 139 | 20 |
| Black or African American, single race | 253 | 25 | 112 | *3 | 21 | *7 | 67 | *17 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 280 | 77 | 78 | *2 | 12 | 14 | 94 | *4 |
| High school diploma or GED[6] | 390 | 114 | 110 | *– | 50 | 16 | 91 | *9 |
| More than high school diploma | 693 | 209 | 177 | *12 | 87 | 26 | 166 | *16 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 419 | 75 | 200 | *2 | 22 | 15 | 93 | 12 |
| $20,000–$34,999 | 416 | 117 | 110 | *5 | 54 | 15 | 103 | *12 |
| $35,000–$54,999 | 307 | 97 | 57 | *3 | 40 | 17 | 82 | *12 |
| $55,000–$74,999 | 153 | 60 | *7 | *4 | 25 | *7 | 41 | *9 |
| $75,000 or more | 117 | 50 | *5 | *1 | *11 | *3 | 38 | *7 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 436 | 92 | 171 | *4 | 24 | 18 | 113 | *15 |
| Near poor | 484 | 123 | 120 | *3 | 74 | 15 | 128 | 22 |
| Not poor | 492 | 185 | 88 | *8 | 54 | 26 | 116 | *15 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 769 | 278 | 127 | *9 | 89 | 18 | 215 | 33 |
| Rented | 593 | 108 | 234 | *5 | 61 | 37 | 134 | 14 |
| Some other arrangement | 46 | *13 | 17 | *– | *2 | *3 | *7 | *4 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 538 | 178 | 138 | *2 | 67 | 18 | 122 | *12 |
| Medicaid | 409 | 72 | 139 | *6 | 32 | 21 | 119 | 20 |
| Other | 16 | *3 | *6 | *– | *3 | *1 | *2 | *1 |
| Uninsured | 447 | 148 | 95 | *5 | 51 | 17 | 113 | 20 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 444 | 110 | 129 | *6 | 42 | 27 | 116 | 15 |
| Small MSA | 639 | 194 | 175 | *5 | 69 | 13 | 159 | 24 |
| Not in MSA | 330 | 97 | 75 | *4 | 41 | 17 | 82 | *14 |
| **Region** | | | | | | | | |
| Northeast | 182 | 38 | 60 | *3 | 15 | *8 | 47 | *10 |
| Midwest | 326 | 96 | 101 | *2 | 37 | 20 | 64 | *6 |
| South | 599 | 172 | 159 | *5 | 70 | 22 | 143 | 29 |
| West | 306 | 94 | 59 | *4 | 30 | *8 | 103 | *8 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family

consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding not having eyeglasses due to lack of affordability is based on a question that asked, "During the past 12 months, was there any time when [child's name] needed eyeglasses, but didn't get them because you couldn't afford them?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to not having eyeglasses and family structure are not included in the column labeled "All children aged 2–17 who needed but did not get eyeglasses in the past 12 months due to lack of affordability" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 48. Percentages (with standard errors) of children aged 2–17 who needed but did not get eyeglasses during the past 12 months due to lack of affordability, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who needed but did not get eyeglasses in the past 12 months due to lack of affordability | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 2.2 (0.07) | 1.3 (0.08) | 3.4 (0.21) | 2.1 (0.61) | 2.7 (0.30) | 2.8 (0.40) | 2.9 (0.17) | 2.5 (0.43) |
| **Sex** | | | | | | | | |
| Male | 2.0 (0.09) | 1.1 (0.10) | 3.3 (0.28) | *1.7 (0.77) | 2.5 (0.37) | 2.8 (0.57) | 2.6 (0.24) | 1.3 (0.36) |
| Female | 2.4 (0.11) | 1.5 (0.12) | 3.6 (0.30) | *2.5 (0.96) | 2.8 (0.46) | 2.9 (0.52) | 3.1 (0.24) | 3.8 (0.78) |
| **Age** | | | | | | | | |
| 2–4 years | 0.4 (0.06) | 0.4 (0.09) | *0.3 (0.13) | *0.2 (0.19) | *0.1 (0.13) | *0.6 (0.36) | *0.4 (0.13) | *1.2 (0.43) |
| 5–17 years | 2.6 (0.09) | 1.5 (0.10) | 4.0 (0.24) | *3.4 (1.04) | 3.1 (0.34) | 3.4 (0.49) | 3.3 (0.20) | 2.8 (0.50) |
| 5–11 years | 1.7 (0.09) | 1.1 (0.10) | 2.7 (0.29) | *1.8 (0.72) | 2.0 (0.38) | 2.0 (0.43) | 2.5 (0.28) | *1.8 (0.65) |
| 12–17 years | 3.6 (0.15) | 2.3 (0.19) | 5.3 (0.38) | *7.8 (3.16) | 4.2 (0.58) | 5.4 (0.98) | 3.8 (0.27) | 3.6 (0.74) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 3.1 (0.17) | 2.5 (0.22) | 3.3 (0.43) | *3.1 (1.30) | 4.0 (0.77) | 4.1 (0.91) | 3.7 (0.31) | *3.0 (0.92) |
| Mexican or Mexican American | 3.4 (0.22) | 2.9 (0.28) | 3.8 (0.56) | *2.2 (1.09) | 4.6 (1.00) | 3.4 (0.98) | 3.9 (0.40) | *3.7 (1.23) |
| Not Hispanic or Latino | 2.0 (0.08) | 1.1 (0.08) | 3.4 (0.23) | *1.6 (0.65) | 2.4 (0.32) | 2.5 (0.44) | 2.6 (0.20) | 2.4 (0.48) |
| White, single race | 1.8 (0.10) | 1.1 (0.09) | 3.7 (0.34) | *1.7 (0.90) | 2.4 (0.38) | 2.7 (0.54) | 2.3 (0.25) | 2.4 (0.66) |
| Black or African American, single race | 2.7 (0.18) | 1.3 (0.34) | 3.1 (0.31) | *2.1 (1.25) | 2.8 (0.64) | *2.0 (0.71) | 3.2 (0.40) | *2.8 (0.86) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 3.4 (0.23) | 3.2 (0.36) | 3.7 (0.54) | *1.4 (0.92) | 2.6 (0.74) | 3.3 (0.88) | 3.8 (0.41) | *2.5 (1.31) |
| High school diploma or GED[6] | 2.7 (0.17) | 2.2 (0.25) | 3.5 (0.39) | *– | 3.1 (0.59) | 2.2 (0.63) | 2.7 (0.29) | *4.5 (2.00) |
| More than high school diploma | 1.7 (0.08) | 0.9 (0.08) | 3.3 (0.28) | *4.2 (1.42) | 2.4 (0.37) | 3.0 (0.59) | 2.6 (0.24) | *3.7 (1.31) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 3.8 (0.22) | 3.1 (0.40) | 3.8 (0.32) | *1.0 (0.92) | 4.0 (1.03) | 3.4 (0.84) | 5.0 (0.63) | 2.8 (0.78) |
| $20,000–$34,999 | 3.7 (0.22) | 3.0 (0.37) | 3.8 (0.38) | *2.7 (1.29) | 5.4 (0.92) | 3.1 (0.85) | 4.7 (0.54) | *2.6 (0.92) |
| $35,000–$54,999 | 2.5 (0.19) | 1.7 (0.19) | 3.3 (0.59) | *1.4 (1.11) | 2.8 (0.67) | 3.5 (0.93) | 3.2 (0.44) | *2.6 (1.28) |
| $55,000–$74,999 | 1.6 (0.16) | 1.1 (0.19) | *1.1 (0.47) | *4.6 (2.85) | 2.2 (0.59) | *2.7 (1.06) | 2.1 (0.43) | *3.1 (1.31) |
| $75,000 or more | 0.6 (0.08) | 0.4 (0.08) | *1.0 (0.47) | *2.0 (2.02) | *0.7 (0.31) | *0.9 (0.57) | 1.0 (0.18) | *1.7 (1.14) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 3.7 (0.22) | 3.3 (0.45) | 3.8 (0.36) | *2.3 (1.28) | 3.4 (0.85) | 3.5 (0.95) | 4.5 (0.53) | *2.8 (0.91) |
| Near poor | 3.4 (0.19) | 2.4 (0.26) | 3.8 (0.40) | *1.2 (0.64) | 5.2 (0.90) | 2.5 (0.66) | 4.0 (0.43) | 3.5 (1.04) |
| Not poor | 1.3 (0.07) | 0.8 (0.07) | 2.6 (0.32) | *2.7 (1.20) | 1.5 (0.26) | 2.6 (0.57) | 1.7 (0.18) | *1.6 (0.64) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1.7 (0.08) | 1.1 (0.08) | 3.1 (0.32) | *3.2 (1.25) | 2.3 (0.35) | 2.1 (0.53) | 2.4 (0.19) | 2.3 (0.53) |
| Rented | 3.1 (0.15) | 2.1 (0.20) | 3.6 (0.27) | *1.3 (0.54) | 3.7 (0.59) | 3.3 (0.55) | 4.0 (0.38) | 2.4 (0.70) |
| Some other arrangement | 3.8 (0.73) | *2.7 (1.11) | 5.4 (1.29) | *– | *1.5 (1.15) | *7.8 (4.80) | *3.9 (1.73) | *7.2 (3.41) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 1.3 (0.07) | 0.7 (0.07) | 2.9 (0.31) | *1.0 (0.58) | 1.8 (0.29) | 2.3 (0.57) | 1.7 (0.17) | *1.9 (0.69) |
| Medicaid | 2.6 (0.16) | 1.9 (0.27) | 2.8 (0.27) | *1.7 (0.80) | 2.6 (0.59) | 2.4 (0.59) | 3.4 (0.38) | 1.9 (0.56) |
| Other | 1.2 (0.31) | *0.4 (0.20) | *2.6 (1.05) | *– | *1.4 (1.18) | *2.7 (2.68) | *0.8 (0.49) | *1.2 (1.20) |
| Uninsured | 6.9 (0.36) | 5.7 (0.52) | 9.1 (0.93) | *5.0 (2.72) | 9.1 (1.62) | 5.6 (1.33) | 7.1 (0.64) | 6.2 (1.52) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 2.4 (0.12) | 1.5 (0.17) | 3.0 (0.27) | *2.3 (1.08) | 3.0 (0.53) | 4.7 (0.85) | 2.9 (0.28) | 2.0 (0.55) |
| Small MSA | 1.9 (0.09) | 1.1 (0.10) | 3.6 (0.34) | *1.6 (0.74) | 2.4 (0.39) | 1.4 (0.39) | 2.4 (0.20) | 2.7 (0.70) |
| Not in MSA | 2.7 (0.21) | 1.7 (0.18) | 3.8 (0.54) | *2.7 (1.73) | 2.8 (0.74) | 3.3 (0.93) | 4.2 (0.62) | *2.9 (1.05) |
| **Region** | | | | | | | | |
| Northeast | 1.6 (0.14) | 0.7 (0.13) | 3.0 (0.47) | *2.6 (1.87) | 2.1 (0.59) | *2.7 (0.87) | 1.9 (0.33) | *3.3 (1.43) |
| Midwest | 2.1 (0.17) | 1.3 (0.17) | 3.9 (0.47) | *1.2 (0.80) | 2.6 (0.71) | 3.7 (0.94) | 2.6 (0.41) | *1.4 (0.79) |
| South | 2.5 (0.12) | 1.6 (0.14) | 3.6 (0.34) | *2.6 (1.33) | 2.9 (0.43) | 2.8 (0.68) | 3.3 (0.29) | 3.2 (0.71) |
| West | 2.1 (0.15) | 1.4 (0.16) | 2.9 (0.39) | *1.9 (0.96) | 2.6 (0.68) | 1.9 (0.56) | 3.1 (0.36) | *1.7 (0.63) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family

consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding not having eyeglasses due to lack of affordability is based on a question that asked, "During the past 12 months, was there any time when [child's name] needed eyeglasses, but didn't get them because you couldn't afford them?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to not having eyeglasses and family structure are not included in the column labeled "All children aged 2–17 who needed but did not get eyeglasses in the past 12 months due to lack of affordability" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 49. Frequencies of children aged 2–17 who did not see a dentist within the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who did not see a dentist in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 15,883 | 6,831 | 2,954 | 275 | 1,345 | 600 | 3,325 | 554 |
| **Sex** | | | | | | | | |
| Male | 8,373 | 3,554 | 1,557 | 148 | 712 | 326 | 1,801 | 275 |
| Female | 7,510 | 3,277 | 1,397 | 127 | 633 | 274 | 1,523 | 279 |
| **Age** | | | | | | | | |
| 2–4 years | 6,638 | 3,650 | 906 | 185 | 461 | 220 | 1,061 | 155 |
| 5–17 years | 9,246 | 3,181 | 2,047 | 90 | 884 | 380 | 2,264 | 399 |
| 5–11 years | 4,787 | 1,908 | 1,054 | 66 | 458 | 215 | 909 | 177 |
| 12–17 years | 4,459 | 1,273 | 993 | 24 | 427 | 165 | 1,354 | 222 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 4,128 | 1,706 | 570 | 93 | 248 | 137 | 1,199 | 176 |
| Mexican or Mexican American | 3,014 | 1,287 | 340 | 62 | 191 | 93 | 902 | 139 |
| Not Hispanic or Latino | 11,756 | 5,125 | 2,384 | 182 | 1,098 | 464 | 2,126 | 378 |
| White, single race | 7,973 | 4,095 | 1,199 | 129 | 857 | 333 | 1,165 | 194 |
| Black or African American, single race | 2,655 | 506 | 1,018 | 42 | 181 | 107 | 650 | 151 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 3,101 | 990 | 706 | 65 | 164 | 159 | 963 | 53 |
| High school diploma or GED[6] | 4,180 | 1,451 | 909 | 103 | 452 | 234 | 977 | 54 |
| More than high school diploma | 7,979 | 4,358 | 1,196 | 106 | 708 | 203 | 1,323 | 85 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 3,733 | 882 | 1,654 | 77 | 178 | 154 | 655 | 133 |
| $20,000–$34,999 | 3,592 | 1,352 | 794 | 77 | 318 | 166 | 746 | 140 |
| $35,000–$54,999 | 3,473 | 1,586 | 342 | 75 | 378 | 146 | 810 | 136 |
| $55,000–$74,999 | 2,089 | 1,184 | 84 | 32 | 228 | 59 | 451 | 50 |
| $75,000 or more | 2,997 | 1,828 | 79 | 14 | 244 | 75 | 663 | 95 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 3,917 | 984 | 1,428 | 75 | 227 | 166 | 870 | 166 |
| Near poor | 4,606 | 1,715 | 891 | 94 | 422 | 206 | 1,084 | 194 |
| Not poor | 7,360 | 4,132 | 634 | 105 | 696 | 229 | 1,372 | 194 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 9,066 | 4,732 | 851 | 102 | 809 | 195 | 2,038 | 339 |
| Rented | 6,360 | 1,917 | 2,002 | 161 | 495 | 385 | 1,205 | 195 |
| Some other arrangement | 388 | 157 | 95 | *11 | 30 | *14 | 66 | 14 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 7,728 | 4,304 | 929 | 89 | 751 | 175 | 1,343 | 138 |
| Medicaid | 4,627 | 1,150 | 1,449 | 132 | 330 | 269 | 1,062 | 235 |
| Other | 280 | 107 | 70 | *4 | 29 | *17 | 45 | *8 |
| Uninsured | 3,187 | 1,259 | 490 | 51 | 232 | 138 | 850 | 167 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 5,024 | 1,805 | 1,172 | 93 | 347 | 191 | 1,216 | 198 |
| Small MSA | 7,680 | 3,697 | 1,208 | 131 | 611 | 241 | 1,574 | 218 |
| Not in MSA | 3,180 | 1,329 | 574 | 50 | 388 | 168 | 534 | 137 |
| **Region** | | | | | | | | |
| Northeast | 2,262 | 1,018 | 434 | 54 | 137 | 72 | 477 | 69 |
| Midwest | 3,280 | 1,434 | 663 | 72 | 306 | 161 | 565 | 78 |
| South | 6,602 | 2,735 | 1,345 | 85 | 609 | 249 | 1,295 | 284 |
| West | 3,740 | 1,644 | 511 | 64 | 294 | 118 | 986 | 123 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding last dental visit is obtained from a question that asked, "About how long has it been since [child's name] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists." A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to last dental visit and family structure are not included in the column labeled "All children aged 2–17 who did not see a dentist in the past 12 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 50. Percentages (with standard errors) of children aged 2–17 who did not see a dentist within the past 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who did not see a dentist in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 24.6 (0.25) | 22.2 (0.32) | 26.9 (0.52) | 39.6 (1.98) | 23.7 (0.78) | 29.7 (1.28) | 27.0 (0.47) | 27.7 (1.29) |
| Sex | | | | | | | | |
| Male | 25.4 (0.32) | 22.5 (0.43) | 28.7 (0.76) | 40.0 (2.72) | 24.5 (1.06) | 31.3 (1.85) | 28.2 (0.66) | 27.2 (1.79) |
| Female | 23.8 (0.31) | 21.9 (0.44) | 25.2 (0.68) | 39.1 (2.94) | 22.8 (1.12) | 28.0 (1.74) | 25.7 (0.64) | 28.2 (1.80) |
| Age | | | | | | | | |
| 2–4 years | 55.1 (0.58) | 53.5 (0.74) | 55.0 (1.46) | 62.9 (3.00) | 58.3 (2.36) | 54.9 (3.16) | 59.4 (1.39) | 49.5 (3.92) |
| 5–17 years | 17.7 (0.24) | 13.3 (0.30) | 22.0 (0.51) | 22.4 (2.31) | 18.1 (0.74) | 23.4 (1.33) | 21.5 (0.46) | 23.6 (1.31) |
| 5–11 years | 17.2 (0.33) | 13.3 (0.39) | 21.7 (0.78) | 22.6 (2.74) | 18.0 (1.08) | 22.3 (1.68) | 22.6 (0.80) | 21.8 (1.79) |
| 12–17 years | 18.2 (0.32) | 13.3 (0.43) | 22.3 (0.69) | 22.0 (4.19) | 18.1 (1.08) | 25.1 (2.15) | 20.9 (0.55) | 25.3 (1.81) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 34.6 (0.52) | 35.0 (0.77) | 29.9 (1.11) | 41.2 (3.15) | 28.3 (1.63) | 37.2 (2.78) | 36.8 (0.86) | 40.2 (2.62) |
| Mexican or Mexican American | 36.9 (0.67) | 36.4 (0.90) | 32.4 (1.55) | 41.0 (3.35) | 32.2 (2.04) | 39.2 (3.42) | 39.8 (1.06) | 42.8 (3.08) |
| Not Hispanic or Latino | 22.4 (0.26) | 19.8 (0.34) | 26.3 (0.59) | 38.8 (2.49) | 22.8 (0.88) | 28.0 (1.43) | 23.5 (0.55) | 24.1 (1.46) |
| White, single race | 20.5 (0.30) | 18.8 (0.36) | 24.4 (0.79) | 43.1 (3.20) | 22.4 (0.98) | 27.8 (1.77) | 19.5 (0.64) | 23.6 (2.04) |
| Black or African American, single race | 28.5 (0.60) | 26.7 (1.21) | 28.7 (0.96) | 35.9 (4.56) | 24.1 (2.03) | 31.7 (2.89) | 31.5 (1.13) | 25.4 (2.27) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 38.5 (0.70) | 41.4 (1.21) | 34.0 (1.32) | 41.0 (3.88) | 37.0 (2.83) | 37.9 (2.84) | 39.9 (1.15) | 36.9 (5.26) |
| High school diploma or GED[6] | 29.1 (0.49) | 27.9 (0.75) | 29.3 (0.98) | 39.6 (3.39) | 28.0 (1.59) | 32.1 (2.12) | 30.0 (0.89) | 28.3 (4.49) |
| More than high school diploma | 20.0 (0.27) | 18.9 (0.33) | 22.7 (0.70) | 38.5 (3.40) | 19.8 (0.92) | 23.5 (1.95) | 20.5 (0.60) | 20.2 (2.96) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 34.0 (0.59) | 36.1 (1.24) | 31.9 (0.82) | 43.5 (3.94) | 32.6 (2.63) | 34.9 (2.93) | 36.3 (1.29) | 33.2 (2.72) |
| $20,000-$34,999 | 32.5 (0.59) | 34.9 (0.94) | 27.4 (1.03) | 41.0 (3.88) | 31.9 (2.06) | 35.1 (2.92) | 34.8 (1.28) | 29.9 (2.69) |
| $35,000-$54,999 | 28.0 (0.54) | 28.1 (0.80) | 19.7 (1.26) | 40.6 (4.27) | 26.7 (1.52) | 30.2 (2.72) | 32.5 (1.13) | 29.8 (2.86) |
| $55,000-$74,999 | 21.5 (0.55) | 21.7 (0.78) | 13.6 (1.72) | 38.7 (7.12) | 20.8 (1.65) | 21.5 (3.46) | 23.6 (1.23) | 18.3 (3.99) |
| $75,000 or more | 14.8 (0.35) | 13.7 (0.42) | 14.8 (1.97) | 22.2 (5.17) | 14.9 (1.29) | 21.5 (3.15) | 16.8 (0.74) | 23.4 (3.05) |
| Poverty status[8] | | | | | | | | |
| Poor | 34.1 (0.60) | 35.2 (1.18) | 32.4 (0.94) | 44.1 (4.10) | 33.1 (2.56) | 34.3 (2.89) | 35.9 (1.18) | 31.9 (2.73) |
| Near poor | 32.4 (0.54) | 33.8 (0.89) | 28.3 (0.97) | 39.0 (3.78) | 29.7 (1.75) | 35.4 (2.76) | 34.7 (1.09) | 31.4 (2.53) |
| Not poor | 19.0 (0.26) | 18.1 (0.33) | 18.6 (0.74) | 37.3 (3.09) | 19.4 (0.92) | 23.9 (1.73) | 20.3 (0.55) | 22.4 (1.82) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 20.5 (0.27) | 18.9 (0.33) | 20.7 (0.79) | 35.0 (3.34) | 20.7 (0.92) | 22.7 (1.80) | 23.3 (0.55) | 24.4 (1.51) |
| Rented | 34.1 (0.44) | 37.3 (0.82) | 30.8 (0.71) | 41.7 (2.53) | 30.0 (1.51) | 34.7 (1.84) | 36.2 (0.93) | 35.6 (2.45) |
| Some other arrangement | 32.2 (1.67) | 32.8 (2.70) | 29.6 (2.75) | 67.6 (11.04) | 26.2 (5.15) | 35.7 (10.62) | 35.7 (4.07) | 29.1 (7.71) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 19.0 (0.26) | 18.2 (0.32) | 19.9 (0.69) | 35.6 (3.03) | 20.2 (0.90) | 21.7 (1.83) | 19.2 (0.54) | 21.7 (2.14) |
| Medicaid | 29.4 (0.50) | 30.0 (0.91) | 29.0 (0.82) | 38.3 (3.08) | 26.9 (1.75) | 31.1 (1.93) | 30.6 (0.96) | 23.4 (1.67) |
| Other | 20.5 (1.29) | 17.0 (1.73) | 30.5 (3.38) | *44.3 (13.53) | 15.6 (3.07) | 33.1 (8.85) | 20.9 (3.02) | *17.8 (7.67) |
| Uninsured | 50.0 (0.76) | 49.4 (1.23) | 47.6 (1.69) | 55.0 (5.00) | 42.9 (2.86) | 46.6 (3.57) | 54.6 (1.38) | 55.3 (3.32) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 27.7 (0.43) | 25.3 (0.66) | 28.1 (0.83) | 37.9 (3.04) | 25.3 (1.47) | 33.4 (2.18) | 30.8 (0.81) | 28.9 (2.24) |
| Small MSA | 22.5 (0.32) | 20.6 (0.41) | 25.0 (0.79) | 42.2 (3.19) | 21.3 (1.01) | 26.2 (1.90) | 24.5 (0.66) | 25.1 (1.77) |
| Not in MSA | 26.3 (0.72) | 23.5 (0.77) | 29.4 (1.47) | 36.6 (4.37) | 26.8 (1.86) | 31.7 (2.57) | 27.6 (1.31) | 30.7 (2.92) |
| Region | | | | | | | | |
| Northeast | 19.4 (0.48) | 17.5 (0.72) | 21.9 (1.14) | 42.6 (4.52) | 18.5 (1.87) | 23.3 (2.57) | 20.1 (0.97) | 24.1 (3.23) |
| Midwest | 21.7 (0.49) | 19.0 (0.62) | 25.6 (0.99) | 40.3 (3.99) | 21.4 (1.76) | 30.0 (2.86) | 23.0 (1.05) | 19.7 (2.57) |
| South | 28.2 (0.45) | 25.9 (0.57) | 30.7 (0.90) | 43.3 (3.86) | 25.7 (1.22) | 32.8 (2.17) | 30.6 (0.81) | 32.6 (2.08) |
| West | 26.2 (0.47) | 24.1 (0.63) | 25.4 (1.11) | 33.1 (3.53) | 25.6 (1.50) | 28.3 (2.44) | 30.5 (0.95) | 27.3 (2.50) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding last dental visit is obtained from a question that asked, ''About how long has it been since [child's name] last saw a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.'' A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to last dental visit and family structure are not included in the column labeled ''All children aged 2–17 who did not see a dentist in the past 12 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 51. Frequencies of children aged 2–17 who did not receive needed dental care in the past 12 months due to cost, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who did not receive needed dental care in the past 12 months due to cost | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 4,168 | 1,421 | 978 | 53 | 467 | 188 | 942 | 120 |
| **Sex** | | | | | | | | |
| Male | 2,022 | 687 | 457 | 28 | 217 | 95 | 490 | 48 |
| Female | 2,146 | 734 | 521 | 25 | 250 | 92 | 452 | 72 |
| **Age** | | | | | | | | |
| 2–4 years | 364 | 167 | 70 | 11 | 21 | 13 | 72 | *8 |
| 5–17 years | 3,804 | 1,254 | 908 | 42 | 446 | 174 | 869 | 111 |
| 5–11 years | 1,790 | 693 | 416 | 27 | 223 | 82 | 315 | 35 |
| 12–17 years | 2,014 | 561 | 492 | 15 | 223 | 92 | 555 | 76 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1,044 | 379 | 160 | 27 | 94 | 38 | 309 | 37 |
| Mexican or Mexican American | 784 | 306 | 101 | 18 | 70 | 27 | 233 | 28 |
| Not Hispanic or Latino | 3,124 | 1,042 | 818 | 26 | 372 | 149 | 633 | 83 |
| White, single race | 2,270 | 857 | 510 | 22 | 311 | 126 | 397 | 46 |
| Black or African American, single race | 561 | 89 | 241 | *4 | 49 | 12 | 138 | 28 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 776 | 209 | 181 | 21 | 46 | 54 | 256 | *8 |
| High school diploma or GED[6] | 1,129 | 367 | 262 | 13 | 143 | 65 | 265 | *12 |
| More than high school diploma | 2,150 | 841 | 496 | 19 | 273 | 67 | 413 | *41 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 1,083 | 216 | 502 | 14 | 74 | 53 | 199 | 25 |
| $20,000–$34,999 | 1,091 | 362 | 293 | 19 | 107 | 48 | 235 | 27 |
| $35,000–$54,999 | 1,025 | 393 | 145 | 11 | 152 | 51 | 243 | 31 |
| $55,000–$74,999 | 481 | 209 | 22 | *6 | 74 | *15 | 129 | *25 |
| $75,000 or more | 488 | 242 | *16 | *3 | 59 | *20 | 135 | *12 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 1,108 | 262 | 407 | 14 | 81 | 59 | 256 | 29 |
| Near poor | 1,427 | 442 | 336 | 22 | 174 | 50 | 347 | 56 |
| Not poor | 1,633 | 716 | 236 | 17 | 212 | 79 | 338 | 35 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 2,330 | 978 | 334 | 22 | 260 | 72 | 591 | 73 |
| Rented | 1,705 | 395 | 611 | 31 | 200 | 101 | 325 | 43 |
| Some other arrangement | 105 | 39 | 31 | *– | *5 | *5 | 22 | *3 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 1,645 | 695 | 313 | 11 | 222 | 43 | 327 | *35 |
| Medicaid | 1,102 | 245 | 363 | 22 | 99 | 64 | 278 | 31 |
| Other | 65 | *14 | 21 | *– | *7 | *10 | *12 | *2 |
| Uninsured | 1,346 | 466 | 278 | 20 | 138 | 69 | 321 | 52 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 1,256 | 364 | 335 | 25 | 120 | 54 | 309 | 49 |
| Small MSA | 2,012 | 751 | 429 | 20 | 218 | 78 | 470 | 45 |
| Not in MSA | 900 | 306 | 214 | *7 | 129 | 55 | 163 | 26 |
| **Region** | | | | | | | | |
| Northeast | 512 | 170 | 117 | *8 | 55 | 29 | 125 | *8 |
| Midwest | 923 | 304 | 236 | 10 | 106 | 50 | 186 | *32 |
| South | 1,674 | 586 | 422 | 12 | 198 | 64 | 340 | 52 |
| West | 1,060 | 361 | 203 | 24 | 107 | 46 | 291 | 28 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family

consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding receipt of dental care is obtained from a question that asked, "During the past 12 months, was there any time when [child's name] needed [dental care, including check-ups] but didn't get it because you couldn't afford it?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to receipt of dental care and family structure are not included in the column labeled "All children aged 2–17 who did not receive needed dental care in the past 12 months due to cost" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 52. Percentages (with standard errors) of children aged 2–17 who did not receive needed dental care in the past 12 months due to cost, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 2–17 who did not receive needed dental care in the past 12 months due to cost | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 6.4 (0.13) | 4.6 (0.16) | 8.8 (0.34) | 7.5 (1.00) | 8.1 (0.47) | 9.1 (0.80) | 7.5 (0.29) | 5.8 (0.74) |
| **Sex** | | | | | | | | |
| Male | 6.1 (0.17) | 4.3 (0.21) | 8.3 (0.44) | 7.4 (1.41) | 7.4 (0.60) | 9.0 (1.12) | 7.6 (0.40) | 4.6 (0.73) |
| Female | 6.8 (0.19) | 4.9 (0.22) | 9.3 (0.50) | 7.7 (1.42) | 8.9 (0.75) | 9.3 (1.13) | 7.5 (0.40) | 7.1 (1.28) |
| **Age** | | | | | | | | |
| 2–4 years | 3.0 (0.18) | 2.4 (0.23) | 4.2 (0.54) | 3.8 (1.09) | 2.6 (0.75) | 3.3 (0.95) | 4.0 (0.52) | *2.6 (0.83) |
| 5–17 years | 7.2 (0.15) | 5.2 (0.19) | 9.6 (0.38) | 10.2 (1.53) | 9.0 (0.53) | 10.6 (0.95) | 8.1 (0.32) | 6.4 (0.86) |
| 5–11 years | 6.4 (0.19) | 4.8 (0.22) | 8.5 (0.52) | 9.2 (1.62) | 8.7 (0.71) | 8.4 (1.09) | 7.7 (0.52) | 4.2 (0.76) |
| 12–17 years | 8.1 (0.22) | 5.8 (0.31) | 10.9 (0.55) | 13.1 (3.50) | 9.3 (0.81) | 13.9 (1.69) | 8.4 (0.40) | 8.4 (1.51) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 8.7 (0.28) | 7.7 (0.43) | 8.3 (0.64) | 11.8 (2.09) | 10.7 (1.16) | 10.4 (1.63) | 9.3 (0.50) | 8.2 (1.21) |
| Mexican or Mexican American | 9.5 (0.36) | 8.6 (0.53) | 9.5 (0.84) | 12.2 (2.28) | 11.9 (1.48) | 11.2 (2.09) | 10.1 (0.62) | 8.6 (1.43) |
| Not Hispanic or Latino | 5.9 (0.14) | 4.0 (0.17) | 8.9 (0.38) | 5.5 (1.07) | 7.7 (0.52) | 8.9 (0.92) | 6.9 (0.34) | 5.1 (0.90) |
| White, single race | 5.8 (0.17) | 3.9 (0.18) | 10.3 (0.55) | 7.2 (1.60) | 8.1 (0.61) | 10.4 (1.20) | 6.6 (0.43) | 5.4 (1.52) |
| Black or African American, single race | 5.9 (0.30) | 4.7 (0.64) | 6.7 (0.49) | *3.2 (1.10) | 6.5 (1.03) | 3.4 (1.01) | 6.5 (0.62) | 4.5 (0.98) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 9.5 (0.39) | 8.7 (0.64) | 8.6 (0.80) | 13.1 (2.66) | 10.3 (1.71) | 12.7 (1.95) | 10.4 (0.70) | *5.5 (1.87) |
| High school diploma or GED[6] | 7.8 (0.30) | 7.0 (0.48) | 8.4 (0.59) | 4.9 (1.14) | 8.8 (0.91) | 8.8 (1.34) | 8.0 (0.51) | *6.3 (2.26) |
| More than high school diploma | 5.4 (0.15) | 3.6 (0.16) | 9.4 (0.48) | 6.7 (1.60) | 7.6 (0.61) | 7.7 (1.09) | 6.3 (0.39) | 9.5 (2.76) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 9.7 (0.34) | 8.8 (0.67) | 9.6 (0.49) | 7.9 (1.94) | 13.3 (1.83) | 11.8 (2.01) | 10.7 (0.88) | 6.1 (1.12) |
| $20,000–$34,999 | 9.8 (0.35) | 9.3 (0.63) | 10.0 (0.68) | 9.8 (2.08) | 10.7 (1.18) | 10.1 (2.27) | 10.8 (0.77) | 5.6 (1.14) |
| $35,000–$54,999 | 8.2 (0.31) | 6.9 (0.43) | 8.3 (0.89) | 6.2 (1.76) | 10.6 (1.16) | 10.3 (1.99) | 9.6 (0.75) | 6.6 (1.45) |
| $55,000–$74,999 | 4.9 (0.34) | 3.8 (0.35) | 3.5 (0.92) | *7.1 (3.24) | 6.8 (1.12) | *5.4 (1.83) | 6.7 (0.94) | *8.8 (4.06) |
| $75,000 or more | 2.4 (0.16) | 1.8 (0.17) | *3.1 (1.11) | *4.2 (2.66) | 3.6 (0.66) | *5.8 (1.76) | 3.4 (0.39) | *2.9 (1.00) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 9.5 (0.36) | 9.3 (0.74) | 9.1 (0.56) | 8.0 (2.13) | 11.5 (1.56) | 11.8 (2.02) | 10.3 (0.82) | 5.3 (1.05) |
| Near poor | 9.9 (0.33) | 8.7 (0.52) | 10.6 (0.71) | 8.9 (1.77) | 12.1 (1.19) | 8.5 (1.58) | 10.9 (0.74) | 8.9 (2.02) |
| Not poor | 4.2 (0.13) | 3.1 (0.15) | 6.9 (0.52) | 6.0 (1.55) | 5.9 (0.53) | 8.1 (1.16) | 4.9 (0.34) | 3.9 (0.70) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 5.2 (0.14) | 3.9 (0.16) | 8.0 (0.49) | 7.5 (1.63) | 6.6 (0.55) | 8.3 (1.26) | 6.7 (0.33) | 5.2 (0.96) |
| Rented | 9.0 (0.26) | 7.6 (0.45) | 9.3 (0.46) | 7.8 (1.32) | 11.9 (1.02) | 9.0 (1.00) | 9.6 (0.57) | 7.5 (1.16) |
| Some other arrangement | 8.7 (1.01) | 8.2 (1.75) | 9.7 (2.00) | *– | *4.4 (2.27) | *12.0 (6.19) | 11.5 (2.45) | *5.0 (2.79) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 4.0 (0.13) | 2.9 (0.15) | 6.7 (0.44) | 4.2 (1.22) | 5.9 (0.52) | 5.3 (1.04) | 4.6 (0.29) | *5.3 (1.82) |
| Medicaid | 6.9 (0.26) | 6.4 (0.50) | 7.2 (0.48) | 6.5 (1.29) | 8.0 (1.02) | 7.3 (1.06) | 7.8 (0.61) | 3.0 (0.61) |
| Other | 4.7 (0.74) | *2.1 (0.68) | 8.9 (2.17) | *– | *3.9 (1.69) | *19.0 (8.69) | *5.5 (2.04) | *3.4 (2.44) |
| Uninsured | 20.8 (0.63) | 18.1 (0.97) | 26.8 (1.58) | 21.3 (4.26) | 24.9 (2.39) | 22.9 (2.91) | 20.2 (1.12) | 16.6 (2.29) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 6.8 (0.22) | 5.1 (0.32) | 7.9 (0.48) | 10.1 (1.96) | 8.6 (0.94) | 9.2 (1.46) | 7.7 (0.46) | 6.8 (1.69) |
| Small MSA | 5.8 (0.17) | 4.2 (0.20) | 8.8 (0.52) | 6.5 (1.30) | 7.5 (0.65) | 8.4 (1.11) | 7.2 (0.39) | 5.1 (0.82) |
| Not in MSA | 7.4 (0.38) | 5.4 (0.41) | 10.9 (0.91) | *5.2 (2.12) | 8.8 (1.02) | 10.4 (1.81) | 8.2 (0.86) | 5.6 (1.25) |
| **Region** | | | | | | | | |
| Northeast | 4.4 (0.26) | 2.9 (0.32) | 5.9 (0.68) | *6.0 (2.58) | 7.4 (1.15) | 9.1 (2.02) | 5.2 (0.59) | *2.8 (0.96) |
| Midwest | 6.0 (0.27) | 4.0 (0.29) | 9.0 (0.72) | 5.3 (1.50) | 7.4 (0.94) | 9.1 (1.77) | 7.4 (0.67) | *7.8 (2.78) |
| South | 7.1 (0.22) | 5.5 (0.28) | 9.5 (0.58) | 5.9 (1.60) | 8.3 (0.74) | 8.3 (1.18) | 7.9 (0.47) | 5.8 (0.89) |
| West | 7.4 (0.30) | 5.3 (0.37) | 10.0 (0.74) | 12.3 (2.35) | 9.3 (1.09) | 10.9 (1.76) | 8.8 (0.62) | 6.1 (1.16) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family

consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Information regarding receipt of dental care is obtained from a question that asked, "During the past 12 months, was there any time when [child's name] needed [dental care, including check-ups] but didn't get it because you couldn't afford it?" A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to receipt of dental care and family structure are not included in the column labeled "All children aged 2–17 who did not receive needed dental care in the past 12 months due to cost" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 53. Frequencies of children aged 4–17 who were often unhappy, depressed, or tearful during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who were often unhappy, depressed, or tearful in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 1,666 | 526 | 430 | *9 | 190 | 51 | 371 | 89 |
| **Sex** | | | | | | | | |
| Male | 758 | 237 | 190 | *6 | 92 | 28 | 167 | 37 |
| Female | 908 | 289 | 240 | *3 | 98 | 22 | 204 | 52 |
| **Age** | | | | | | | | |
| 4–17 years | 1,666 | 526 | 430 | *9 | 190 | 51 | 371 | 89 |
| 4–11 years | 783 | 295 | 198 | *7 | 91 | 25 | 141 | 26 |
| 12–17 years | 883 | 231 | 232 | *2 | 99 | 26 | 230 | 63 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 386 | 120 | 81 | *2 | 43 | 16 | 104 | 20 |
| Mexican or Mexican American | 257 | 91 | 39 | *1 | 27 | *11 | 69 | 19 |
| Not Hispanic or Latino | 1,279 | 406 | 349 | *7 | 147 | 35 | 267 | 69 |
| White, single race | 858 | 314 | 182 | *5 | 108 | 30 | 183 | *35 |
| Black or African American, single race | 285 | 35 | 131 | *1 | 27 | *4 | 60 | 28 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 326 | 74 | 118 | *2 | 31 | 13 | 84 | *4 |
| High school diploma or GED[6] | 382 | 104 | 101 | *5 | 60 | *14 | 97 | *– |
| More than high school diploma | 855 | 346 | 176 | *2 | 95 | 22 | 182 | *31 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 443 | 60 | 240 | *2 | 30 | *8 | 79 | 23 |
| $20,000–$34,999 | 362 | 108 | 99 | *4 | 45 | 12 | 75 | *18 |
| $35,000–$54,999 | 296 | 96 | 59 | *1 | 46 | *11 | 67 | *16 |
| $55,000–$74,999 | 213 | 79 | *16 | *– | 28 | *6 | 65 | *19 |
| $75,000 or more | 353 | 183 | *15 | *1 | 41 | *13 | 86 | *13 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 489 | 86 | 215 | *4 | 41 | *9 | 103 | 30 |
| Near poor | 420 | 100 | 116 | *1 | 52 | *14 | 102 | *34 |
| Not poor | 756 | 340 | 98 | *4 | 96 | 27 | 166 | 25 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1,002 | 406 | 153 | *2 | 110 | 25 | 248 | 57 |
| Rented | 623 | 109 | 264 | *7 | 77 | 24 | 119 | 23 |
| Some other arrangement | 36 | *10 | *12 | *– | *3 | *1 | *2 | *8 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 798 | 328 | 153 | *4 | 90 | *18 | 183 | *23 |
| Medicaid | 610 | 114 | 226 | *5 | 62 | 18 | 136 | 49 |
| Other | 34 | *17 | *7 | *– | *5 | *2 | *3 | *– |
| Uninsured | 218 | 67 | 42 | *1 | 33 | *13 | 45 | 16 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 538 | 148 | 165 | *4 | 49 | 17 | 115 | *40 |
| Small MSA | 795 | 284 | 185 | *3 | 87 | 22 | 181 | 33 |
| Not in MSA | 332 | 94 | 80 | *2 | 53 | *11 | 75 | 17 |
| **Region** | | | | | | | | |
| Northeast | 316 | 99 | 87 | *3 | 32 | *11 | 73 | 9 |
| Midwest | 325 | 87 | 97 | *2 | 35 | *10 | 69 | *26 |
| South | 600 | 186 | 170 | *3 | 73 | *16 | 118 | 34 |
| West | 425 | 154 | 75 | *1 | 50 | 14 | 110 | *20 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, "During the past 6 months, has [child's name] often been unhappy, depressed, or tearful?" Response categories included "not true," "somewhat true," "certainly true," "refused," and "don't know;" only "certainly true" cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled "All children aged 4–17 who were often unhappy, depressed, or tearful in the past 6 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 54. Percentages (with standard errors) of children aged 4–17 who were often unhappy, depressed, or tearful during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who were often unhappy, depressed, or tearful in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 3.0 (0.10) | 2.0 (0.11) | 4.4 (0.27) | *1.9 (0.60) | 3.7 (0.32) | 2.9 (0.48) | 3.4 (0.23) | 4.9 (0.84) |
| **Sex** | | | | | | | | |
| Male | 2.7 (0.12) | 1.8 (0.14) | 4.0 (0.33) | *2.2 (1.00) | 3.5 (0.45) | 3.1 (0.75) | 2.9 (0.28) | 4.0 (0.75) |
| Female | 3.3 (0.16) | 2.3 (0.18) | 4.8 (0.40) | *1.5 (0.55) | 3.9 (0.47) | 2.7 (0.60) | 3.8 (0.37) | 5.9 (1.55) |
| **Age** | | | | | | | | |
| 4–17 years | 3.0 (0.10) | 2.0 (0.11) | 4.4 (0.27) | *1.9 (0.60) | 3.7 (0.32) | 2.9 (0.48) | 3.4 (0.23) | 4.9 (0.84) |
| 4–11 years | 2.5 (0.12) | 1.8 (0.14) | 3.7 (0.32) | *2.0 (0.74) | 3.2 (0.43) | 2.2 (0.49) | 3.1 (0.36) | 2.9 (0.60) |
| 12–17 years | 3.6 (0.17) | 2.5 (0.20) | 5.3 (0.44) | *1.8 (0.86) | 4.2 (0.48) | 3.9 (0.99) | 3.6 (0.31) | 7.1 (1.59) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 3.8 (0.20) | 3.0 (0.29) | 4.9 (0.54) | *1.4 (0.54) | 5.6 (0.96) | 5.0 (1.27) | 3.7 (0.35) | 5.4 (1.26) |
| Mexican or Mexican American | 3.7 (0.25) | 3.2 (0.36) | 4.2 (0.69) | *0.8 (0.40) | 5.2 (1.03) | *5.6 (1.74) | 3.5 (0.43) | 6.7 (1.67) |
| Not Hispanic or Latino | 2.8 (0.11) | 1.9 (0.12) | 4.3 (0.31) | *2.2 (0.85) | 3.3 (0.33) | 2.4 (0.51) | 3.3 (0.28) | 4.8 (1.03) |
| White, single race | 2.5 (0.12) | 1.7 (0.13) | 4.1 (0.38) | *2.4 (1.20) | 3.1 (0.35) | 2.8 (0.67) | 3.3 (0.35) | *4.8 (1.73) |
| Black or African American, single race | 3.5 (0.26) | 2.2 (0.39) | 4.2 (0.48) | *1.5 (0.95) | 3.8 (0.91) | *1.3 (0.63) | 3.3 (0.47) | 5.1 (1.21) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 4.8 (0.31) | 3.7 (0.45) | 6.7 (0.75) | *2.1 (1.67) | 7.7 (1.80) | 3.8 (1.06) | 4.0 (0.46) | *3.1 (1.52) |
| High school diploma or GED[6] | 3.1 (0.18) | 2.3 (0.25) | 3.7 (0.42) | *2.5 (0.96) | 4.2 (0.70) | *2.2 (0.72) | 3.4 (0.39) | *– |
| More than high school diploma | 2.5 (0.12) | 1.8 (0.13) | 3.7 (0.37) | *1.2 (0.71) | 2.9 (0.33) | 2.9 (0.78) | 3.1 (0.35) | *8.4 (3.35) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 4.8 (0.28) | 3.1 (0.46) | 5.4 (0.45) | *1.9 (1.17) | 6.3 (1.49) | *2.4 (0.86) | 5.1 (0.74) | 6.4 (1.27) |
| $20,000–$34,999 | 3.8 (0.27) | 3.4 (0.47) | 3.8 (0.43) | *3.2 (1.60) | 5.0 (0.93) | 2.9 (0.88) | 4.0 (0.56) | *4.3 (1.58) |
| $35,000–$54,999 | 2.8 (0.20) | 2.1 (0.28) | 3.7 (0.68) | *1.0 (0.83) | 3.6 (0.60) | *2.5 (0.82) | 3.0 (0.46) | *3.8 (1.26) |
| $55,000–$74,999 | 2.5 (0.27) | 1.7 (0.23) | *2.7 (0.98) | *– | 2.8 (0.61) | *2.5 (1.34) | 3.7 (0.88) | *7.4 (4.26) |
| $75,000 or more | 2.0 (0.15) | 1.6 (0.17) | *3.1 (1.28) | *2.5 (1.88) | 2.7 (0.57) | *4.1 (1.78) | 2.4 (0.38) | *3.7 (1.29) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 5.0 (0.31) | 3.8 (0.58) | 5.7 (0.50) | *3.5 (1.95) | 6.9 (1.43) | *2.3 (0.92) | 4.9 (0.66) | 6.6 (1.63) |
| Near poor | 3.4 (0.23) | 2.4 (0.29) | 4.1 (0.44) | *0.8 (0.48) | 4.1 (0.66) | *2.8 (0.85) | 3.7 (0.55) | *6.2 (2.19) |
| Not poor | 2.2 (0.10) | 1.8 (0.12) | 3.1 (0.39) | *2.0 (0.86) | 2.9 (0.35) | 3.1 (0.78) | 2.7 (0.26) | 3.1 (0.70) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 2.6 (0.11) | 1.9 (0.12) | 4.0 (0.41) | *0.9 (0.53) | 3.1 (0.35) | 3.3 (0.84) | 3.1 (0.27) | 4.6 (1.07) |
| Rented | 4.0 (0.20) | 2.7 (0.31) | 4.7 (0.37) | *2.8 (1.05) | 5.1 (0.69) | 2.6 (0.57) | 4.2 (0.48) | 4.5 (0.85) |
| Some other arrangement | 3.6 (0.90) | *2.6 (1.00) | *4.6 (1.45) | *– | *2.8 (2.09) | *3.0 (2.18) | *1.4 (0.74) | *17.7 (11.79) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 2.2 (0.11) | 1.6 (0.12) | 3.5 (0.35) | *2.1 (0.90) | 2.6 (0.33) | *2.4 (0.74) | 2.8 (0.28) | *4.0 (1.95) |
| Medicaid | 4.6 (0.24) | 3.8 (0.45) | 5.3 (0.45) | *2.1 (1.01) | 5.7 (0.84) | 2.4 (0.60) | 4.7 (0.54) | 5.5 (1.07) |
| Other | 2.8 (0.62) | 3.2 (0.92) | *3.3 (1.60) | *– | *2.8 (1.53) | *4.8 (4.68) | *1.5 (0.77) | *– |
| Uninsured | 3.8 (0.31) | 3.0 (0.46) | 4.4 (0.82) | *1.2 (0.94) | 6.7 (1.52) | *5.3 (1.75) | 3.3 (0.49) | 5.8 (1.28) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 3.5 (0.20) | 2.5 (0.25) | 4.5 (0.41) | *2.7 (0.98) | 3.9 (0.69) | 3.4 (0.85) | 3.3 (0.36) | *6.4 (2.05) |
| Small MSA | 2.7 (0.13) | 1.9 (0.15) | 4.2 (0.42) | *1.2 (0.66) | 3.4 (0.42) | 2.7 (0.72) | 3.1 (0.32) | 4.2 (0.88) |
| Not in MSA | 3.1 (0.23) | 1.9 (0.27) | 4.6 (0.67) | *2.3 (1.99) | 4.1 (0.70) | *2.6 (1.02) | 4.3 (0.65) | 4.1 (0.99) |
| **Region** | | | | | | | | |
| Northeast | 3.1 (0.23) | 2.0 (0.30) | 4.9 (0.64) | *4.0 (1.76) | 4.8 (1.03) | *4.1 (1.54) | 3.4 (0.55) | 3.7 (1.06) |
| Midwest | 2.5 (0.21) | 1.4 (0.17) | 4.2 (0.58) | *1.8 (1.11) | 2.7 (0.53) | *2.0 (0.77) | 3.1 (0.52) | *7.1 (3.10) |
| South | 3.0 (0.15) | 2.1 (0.18) | 4.4 (0.42) | *2.2 (1.56) | 3.4 (0.50) | *2.5 (0.79) | 3.2 (0.30) | 4.2 (0.84) |
| West | 3.5 (0.23) | 2.7 (0.30) | 4.2 (0.64) | *0.5 (0.26) | 4.8 (0.71) | 3.8 (1.01) | 3.9 (0.52) | *5.3 (1.76) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, ''During the past 6 months, has [child's name] often been unhappy, depressed, or tearful?'' Response categories included ''not true,'' ''somewhat true,'' ''certainly true,'' ''refused,'' and ''don't know;'' only ''certainly true'' cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled ''All children aged 4–17 who were often unhappy, depressed, or tearful in the past 6 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 55. Frequencies of children aged 4–17 who were generally not well-behaved or did not usually do what adults requested during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who were generally not well-behaved in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 2,028 | 553 | 492 | 23 | 262 | 87 | 515 | 96 |
| **Sex** | | | | | | | | |
| Male | 1,196 | 337 | 294 | 16 | 145 | 50 | 294 | 60 |
| Female | 832 | 216 | 198 | *6 | 118 | 37 | 221 | 36 |
| **Age** | | | | | | | | |
| 4–17 years | 2,028 | 553 | 492 | 23 | 262 | 87 | 515 | 96 |
| 4–11 years | 1,084 | 357 | 268 | *11 | 145 | 53 | 208 | 42 |
| 12–17 years | 944 | 197 | 224 | *12 | 117 | 34 | 307 | 54 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 466 | 140 | 100 | *6 | 44 | 16 | 144 | 15 |
| Mexican or Mexican American | 318 | 111 | 52 | *2 | 33 | *9 | 98 | *13 |
| Not Hispanic or Latino | 1,562 | 413 | 392 | 16 | 218 | 71 | 371 | 80 |
| White, single race | 1,018 | 339 | 182 | *13 | 179 | 39 | 231 | 36 |
| Black or African American, single race | 414 | 32 | 182 | *2 | 32 | 23 | 104 | 38 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 438 | 75 | 160 | *6 | 42 | 23 | 127 | *4 |
| High school diploma or GED[6] | 522 | 126 | 117 | *12 | 83 | 31 | 145 | *8 |
| More than high school diploma | 940 | 351 | 178 | *5 | 133 | 31 | 227 | 17 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 576 | 75 | 285 | *6 | 43 | 26 | 108 | 33 |
| $20,000–$34,999 | 458 | 101 | 145 | *7 | 48 | 27 | 109 | *22 |
| $35,000–$54,999 | 376 | 117 | 42 | *5 | 79 | *13 | 101 | *18 |
| $55,000–$74,999 | 249 | 95 | *15 | *4 | 38 | *11 | 72 | *15 |
| $75,000 or more | 369 | 167 | *5 | *1 | 54 | *10 | 125 | *8 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 623 | 94 | 257 | *7 | 50 | 27 | 147 | 40 |
| Near poor | 532 | 112 | 141 | *7 | 75 | 31 | 141 | 26 |
| Not poor | 872 | 347 | 94 | *9 | 138 | 29 | 227 | 30 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1,150 | 396 | 146 | *9 | 159 | 34 | 341 | 64 |
| Rented | 817 | 141 | 329 | 13 | 94 | 50 | 161 | 29 |
| Some other arrangement | 50 | *10 | 17 | *1 | *8 | *3 | *9 | *3 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 927 | 357 | 140 | *5 | 141 | 21 | 238 | 24 |
| Medicaid | 811 | 126 | 295 | 13 | 82 | 44 | 191 | 59 |
| Other | 35 | *4 | *9 | *1 | *7 | *4 | *8 | *2 |
| Uninsured | 245 | 63 | 47 | *3 | 29 | 18 | 72 | *11 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 671 | 158 | 217 | *6 | 72 | 28 | 159 | 30 |
| Small MSA | 933 | 280 | 186 | *12 | 125 | 32 | 253 | 45 |
| Not in MSA | 424 | 115 | 89 | *5 | 65 | 27 | 102 | 21 |
| **Region** | | | | | | | | |
| Northeast | 344 | 89 | 86 | *7 | 36 | 16 | 97 | *14 |
| Midwest | 426 | 121 | 109 | *1 | 62 | 18 | 91 | 25 |
| South | 808 | 187 | 225 | *7 | 111 | 37 | 193 | 48 |
| West | 450 | 157 | 72 | *7 | 53 | 16 | 135 | *10 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, "During the past 6 months, has [child's name] been generally well-behaved, usually does what adults request?" Response categories included "not true," "somewhat true," "certainly true," "refused," and "don't know;" only "not true" cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled "All children aged 4–17 who were generally not well-behaved in the past 6 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 56. Percentages (with standard errors) of children aged 4–17 who were generally not well-behaved or did not usually do what adults requested during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who were generally not well-behaved in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 3.6 (0.10) | 2.1 (0.11) | 5.0 (0.26) | 4.7 (1.02) | 5.1 (0.39) | 4.9 (0.56) | 4.7 (0.25) | 5.3 (0.67) |
| **Sex** | | | | | | | | |
| Male | 4.2 (0.14) | 2.5 (0.17) | 6.1 (0.40) | 6.3 (1.70) | 5.5 (0.56) | 5.4 (0.77) | 5.1 (0.38) | 6.5 (0.97) |
| Female | 3.0 (0.13) | 1.7 (0.15) | 4.0 (0.32) | *2.8 (0.90) | 4.6 (0.54) | 4.4 (0.82) | 4.2 (0.32) | 4.1 (0.93) |
| **Age** | | | | | | | | |
| 4–17 years | 3.6 (0.10) | 2.1 (0.11) | 5.0 (0.26) | 4.7 (1.02) | 5.1 (0.39) | 4.9 (0.56) | 4.7 (0.25) | 5.3 (0.67) |
| 4–11 years | 3.4 (0.13) | 2.2 (0.14) | 5.0 (0.35) | *2.9 (0.88) | 5.2 (0.56) | 4.7 (0.70) | 4.5 (0.37) | 4.6 (0.82) |
| 12–17 years | 3.9 (0.15) | 2.1 (0.18) | 5.1 (0.37) | *10.5 (3.22) | 4.9 (0.53) | 5.3 (0.94) | 4.8 (0.34) | 6.0 (1.06) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 4.6 (0.21) | 3.5 (0.30) | 6.0 (0.53) | *4.1 (1.63) | 5.7 (0.96) | 5.2 (1.24) | 5.1 (0.40) | 4.1 (1.06) |
| Mexican or Mexican American | 4.6 (0.26) | 3.8 (0.38) | 5.7 (0.77) | *2.3 (0.86) | 6.4 (1.23) | *4.2 (1.28) | 5.0 (0.49) | *4.6 (1.39) |
| Not Hispanic or Latino | 3.4 (0.11) | 1.9 (0.12) | 4.8 (0.29) | 5.0 (1.29) | 5.0 (0.42) | 4.9 (0.62) | 4.5 (0.31) | 5.6 (0.80) |
| White, single race | 3.0 (0.12) | 1.8 (0.13) | 4.1 (0.39) | *6.0 (1.85) | 5.1 (0.48) | 3.7 (0.60) | 4.2 (0.39) | 4.9 (0.89) |
| Black or African American, single race | 5.1 (0.28) | 2.0 (0.37) | 5.9 (0.47) | *3.1 (1.47) | 4.5 (1.03) | 8.0 (1.71) | 5.7 (0.59) | 6.8 (1.58) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 6.4 (0.36) | 3.7 (0.44) | 9.1 (0.85) | *5.3 (2.11) | 10.6 (2.17) | 6.6 (1.47) | 6.1 (0.58) | *3.5 (1.84) |
| High school diploma or GED[6] | 4.2 (0.21) | 2.8 (0.31) | 4.2 (0.45) | 6.3 (1.88) | 5.9 (0.73) | 4.9 (0.89) | 5.0 (0.45) | *5.0 (2.09) |
| More than high school diploma | 2.7 (0.11) | 1.8 (0.12) | 3.7 (0.31) | *2.7 (1.39) | 4.0 (0.43) | 4.0 (0.83) | 3.8 (0.35) | 4.5 (1.30) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 6.2 (0.30) | 3.9 (0.51) | 6.4 (0.44) | *5.1 (1.91) | 9.2 (1.90) | 7.3 (1.56) | 6.9 (0.74) | 9.1 (2.19) |
| $20,000–$34,999 | 4.8 (0.29) | 3.2 (0.41) | 5.5 (0.53) | *5.3 (1.95) | 5.3 (0.98) | 6.6 (1.57) | 5.8 (0.75) | 5.4 (1.57) |
| $35,000–$54,999 | 3.5 (0.23) | 2.5 (0.30) | 2.6 (0.49) | *3.7 (1.97) | 6.2 (0.89) | *3.1 (1.03) | 4.6 (0.50) | *4.4 (1.37) |
| $55,000–$74,999 | 2.9 (0.26) | 2.1 (0.27) | *2.6 (0.82) | *7.4 (4.73) | 3.7 (0.77) | *4.2 (1.38) | 4.1 (0.74) | *5.7 (1.82) |
| $75,000 or more | 2.1 (0.14) | 1.4 (0.14) | *1.1 (0.83) | *1.9 (1.35) | 3.6 (0.61) | *3.1 (1.18) | 3.4 (0.37) | *2.1 (0.73) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 6.4 (0.32) | 4.2 (0.61) | 6.8 (0.49) | *6.2 (2.41) | 8.3 (1.64) | 6.7 (1.45) | 7.0 (0.76) | 8.7 (1.95) |
| Near poor | 4.3 (0.24) | 2.7 (0.31) | 5.0 (0.49) | *3.8 (1.53) | 5.9 (0.90) | 6.2 (1.27) | 5.1 (0.50) | 4.7 (1.10) |
| Not poor | 2.6 (0.11) | 1.8 (0.11) | 3.0 (0.33) | *4.5 (1.61) | 4.2 (0.42) | 3.4 (0.65) | 3.7 (0.29) | 3.7 (0.76) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 3.0 (0.11) | 1.9 (0.11) | 3.8 (0.37) | *4.1 (1.45) | 4.5 (0.45) | 4.4 (0.81) | 4.3 (0.30) | 5.2 (0.74) |
| Rented | 5.2 (0.21) | 3.5 (0.39) | 5.8 (0.36) | 5.1 (1.48) | 6.3 (0.79) | 5.4 (0.83) | 5.6 (0.50) | 5.7 (1.51) |
| Some other arrangement | 5.0 (0.74) | *2.6 (0.84) | 6.2 (1.56) | *7.7 (5.58) | *8.3 (3.25) | *7.4 (5.78) | *5.2 (2.07) | *6.3 (5.30) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 2.6 (0.11) | 1.8 (0.12) | 3.3 (0.32) | *3.2 (1.12) | 4.2 (0.42) | 2.8 (0.58) | 3.7 (0.30) | 4.0 (0.99) |
| Medicaid | 6.2 (0.25) | 4.2 (0.48) | 6.9 (0.46) | 5.4 (1.57) | 7.6 (1.11) | 6.1 (0.98) | 6.5 (0.57) | 6.6 (1.13) |
| Other | 2.9 (0.57) | *0.8 (0.39) | *4.3 (1.67) | *17.6 (13.32) | *4.1 (1.85) | *8.5 (5.40) | *4.2 (1.65) | *4.2 (3.43) |
| Uninsured | 4.3 (0.31) | 2.8 (0.36) | 5.0 (0.76) | *4.7 (3.46) | 5.8 (1.24) | 7.3 (1.88) | 5.2 (0.67) | *4.1 (1.30) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 4.3 (0.20) | 2.7 (0.27) | 5.9 (0.45) | *3.7 (1.60) | 5.8 (0.80) | 5.4 (1.08) | 4.6 (0.38) | 4.8 (1.20) |
| Small MSA | 3.1 (0.12) | 1.9 (0.13) | 4.3 (0.37) | 5.4 (1.57) | 4.8 (0.53) | 3.9 (0.73) | 4.3 (0.34) | 5.7 (1.05) |
| Not in MSA | 4.0 (0.28) | 2.4 (0.31) | 5.1 (0.61) | *4.8 (2.37) | 4.9 (0.83) | 6.2 (1.27) | 5.8 (0.83) | 5.2 (1.21) |
| **Region** | | | | | | | | |
| Northeast | 3.4 (0.23) | 1.8 (0.22) | 4.9 (0.59) | *8.3 (3.20) | 5.4 (1.12) | 5.9 (1.51) | 4.4 (0.58) | *5.2 (2.38) |
| Midwest | 3.2 (0.19) | 1.9 (0.22) | 4.7 (0.54) | *1.2 (0.90) | 4.8 (0.73) | 3.8 (0.98) | 4.0 (0.54) | 6.8 (1.51) |
| South | 4.0 (0.17) | 2.1 (0.18) | 5.7 (0.45) | *5.7 (2.44) | 5.1 (0.62) | 5.6 (0.94) | 5.1 (0.44) | 5.9 (1.05) |
| West | 3.7 (0.21) | 2.8 (0.29) | 4.0 (0.47) | *4.6 (1.55) | 5.1 (0.83) | 4.4 (1.24) | 4.7 (0.51) | *2.6 (0.79) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, "During the past 6 months, has [child's name] been generally well-behaved, usually does what adults request?" Response categories included "not true," "somewhat true," "certainly true," "refused," and "don't know;" only "not true" cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled "All children aged 4–17 who were generally not well-behaved in the past 6 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 57. Frequencies of children aged 4–17 who had many worries or often seemed worried during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who had many worries or often seemed worried in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 3,276 | 1,067 | 832 | 25 | 376 | 135 | 665 | 177 |
| **Sex** | | | | | | | | |
| Male | 1,671 | 540 | 440 | 16 | 189 | 67 | 325 | 94 |
| Female | 1,606 | 527 | 392 | *9 | 187 | 68 | 339 | 83 |
| **Age** | | | | | | | | |
| 4–17 years | 3,276 | 1,067 | 832 | 25 | 376 | 135 | 665 | 177 |
| 4–11 years | 1,638 | 649 | 423 | 18 | 183 | 78 | 216 | 71 |
| 12–17 years | 1,639 | 418 | 409 | *8 | 193 | 57 | 448 | 105 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 610 | 182 | 135 | *7 | 59 | 22 | 176 | 30 |
| Mexican or Mexican American | 418 | 129 | 73 | *4 | 42 | 18 | 126 | 27 |
| Not Hispanic or Latino | 2,666 | 885 | 697 | 19 | 317 | 113 | 489 | 147 |
| White, single race | 2,055 | 761 | 471 | *16 | 267 | 89 | 359 | 92 |
| Black or African American, single race | 411 | 53 | 170 | *2 | 33 | 18 | 95 | 40 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 490 | 101 | 161 | *7 | 41 | 31 | 143 | *5 |
| High school diploma or GED[6] | 773 | 198 | 216 | *9 | 114 | 45 | 184 | *8 |
| More than high school diploma | 1,832 | 765 | 397 | *10 | 218 | 59 | 330 | 52 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 793 | 112 | 421 | *10 | 56 | 22 | 134 | 38 |
| $20,000–$34,999 | 691 | 168 | 210 | *8 | 85 | 41 | 145 | 35 |
| $35,000–$54,999 | 620 | 224 | 114 | *5 | 88 | 32 | 132 | 24 |
| $55,000–$74,999 | 456 | 190 | 49 | *– | 65 | 23 | 82 | *48 |
| $75,000 or more | 717 | 374 | 37 | *2 | 83 | *17 | 173 | 31 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 816 | 133 | 359 | *10 | 66 | 24 | 176 | 49 |
| Near poor | 852 | 221 | 240 | *8 | 99 | 43 | 188 | 53 |
| Not poor | 1,608 | 713 | 233 | *8 | 211 | 68 | 301 | 75 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 2,020 | 838 | 330 | *11 | 236 | 66 | 415 | 124 |
| Rented | 1,174 | 212 | 471 | 14 | 130 | 68 | 237 | 43 |
| Some other arrangement | 71 | *13 | 31 | *– | *9 | *1 | *10 | *8 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 1,746 | 735 | 360 | *6 | 220 | 52 | 329 | 44 |
| Medicaid | 1,082 | 183 | 380 | 17 | 106 | 49 | 242 | 104 |
| Other | 58 | 24 | *12 | *1 | *10 | *6 | *6 | *– |
| Uninsured | 382 | 122 | 76 | *2 | 40 | 29 | 85 | 27 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 940 | 255 | 271 | *5 | 85 | 34 | 225 | 63 |
| Small MSA | 1,628 | 591 | 387 | *13 | 173 | 67 | 317 | 80 |
| Not in MSA | 708 | 220 | 173 | *8 | 118 | 34 | 122 | 34 |
| **Region** | | | | | | | | |
| Northeast | 575 | 184 | 144 | *8 | 56 | 24 | 138 | 22 |
| Midwest | 740 | 253 | 185 | *5 | 83 | 39 | 126 | 50 |
| South | 1,259 | 381 | 357 | *8 | 160 | 46 | 245 | 62 |
| West | 702 | 249 | 146 | *5 | 77 | 26 | 156 | 42 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, "During the past 6 months, has [child's name] many worries, or often seems worried?" Response categories included "not true," "somewhat true," "certainly true," "refused," and "don't know;" only "certainly true" cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled "All children aged 4–17 who had many worries or often seemed worried in the past 6 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 58. Percentages (with standard errors) of children aged 4–17 who had many worries or often seemed worried during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who had many worries or often seemed worried in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 5.9 (0.13) | 4.1 (0.16) | 8.5 (0.35) | 5.3 (1.13) | 7.3 (0.47) | 7.6 (0.80) | 6.0 (0.28) | 9.8 (1.05) |
| **Sex** | | | | | | | | |
| Male | 5.8 (0.17) | 4.1 (0.21) | 9.2 (0.49) | 6.2 (1.59) | 7.2 (0.63) | 7.3 (1.13) | 5.7 (0.37) | 10.2 (1.30) |
| Female | 5.9 (0.18) | 4.2 (0.22) | 7.9 (0.46) | *4.2 (1.59) | 7.4 (0.67) | 8.0 (1.12) | 6.4 (0.42) | 9.4 (1.67) |
| **Age** | | | | | | | | |
| 4–17 years | 5.9 (0.13) | 4.1 (0.16) | 8.5 (0.35) | 5.3 (1.13) | 7.3 (0.47) | 7.6 (0.80) | 6.0 (0.28) | 9.8 (1.05) |
| 4–11 years | 5.2 (0.16) | 4.0 (0.20) | 7.8 (0.47) | 4.9 (1.27) | 6.5 (0.60) | 7.0 (0.92) | 4.7 (0.38) | 7.8 (1.14) |
| 12–17 years | 6.8 (0.20) | 4.4 (0.26) | 9.4 (0.51) | *6.7 (2.43) | 8.2 (0.67) | 8.7 (1.47) | 7.0 (0.39) | 11.9 (1.80) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 6.0 (0.25) | 4.5 (0.32) | 8.1 (0.72) | *4.4 (1.32) | 7.6 (1.03) | 7.2 (1.50) | 6.2 (0.47) | 7.9 (1.60) |
| Mexican or Mexican American | 6.1 (0.33) | 4.5 (0.39) | 8.0 (1.01) | *3.5 (1.52) | 8.1 (1.25) | 8.7 (2.04) | 6.4 (0.60) | 9.7 (2.12) |
| Not Hispanic or Latino | 5.8 (0.15) | 4.1 (0.18) | 8.6 (0.39) | 5.8 (1.54) | 7.2 (0.53) | 7.7 (0.91) | 6.0 (0.33) | 10.3 (1.26) |
| White, single race | 6.1 (0.18) | 4.1 (0.19) | 10.5 (0.56) | 7.8 (2.33) | 7.7 (0.58) | 8.4 (1.15) | 6.5 (0.44) | 12.4 (2.00) |
| Black or African American, single race | 5.1 (0.31) | 3.3 (0.51) | 5.5 (0.50) | *2.6 (1.24) | 4.8 (1.10) | 6.2 (1.77) | 5.2 (0.61) | 7.3 (1.53) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 7.2 (0.36) | 5.1 (0.51) | 9.2 (0.83) | *6.6 (2.69) | 10.4 (2.11) | 8.7 (1.81) | 6.8 (0.63) | *4.2 (2.19) |
| High school diploma or GED[6] | 6.2 (0.26) | 4.4 (0.37) | 7.8 (0.60) | *4.7 (1.70) | 8.1 (0.95) | 7.1 (1.17) | 6.4 (0.53) | *4.9 (2.26) |
| More than high school diploma | 5.3 (0.16) | 4.0 (0.19) | 8.3 (0.49) | *5.2 (1.75) | 6.6 (0.55) | 7.7 (1.31) | 5.6 (0.39) | 14.0 (3.57) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 8.6 (0.35) | 5.8 (0.60) | 9.5 (0.54) | *8.4 (2.88) | 11.8 (1.98) | 6.2 (1.43) | 8.6 (0.88) | 10.8 (1.68) |
| $20,000–$34,999 | 7.2 (0.33) | 5.3 (0.52) | 8.0 (0.59) | *5.8 (2.58) | 9.4 (1.36) | 10.0 (2.20) | 7.7 (0.79) | 8.6 (2.05) |
| $35,000–$54,999 | 5.8 (0.29) | 4.8 (0.40) | 7.1 (0.87) | *4.0 (2.23) | 6.9 (0.88) | 7.6 (1.53) | 6.0 (0.67) | 5.9 (1.59) |
| $55,000–$74,999 | 5.4 (0.34) | 4.2 (0.40) | 8.4 (1.60) | *– | 6.4 (0.94) | 8.9 (2.27) | 4.6 (0.58) | 18.6 (4.84) |
| $75,000 or more | 4.0 (0.19) | 3.3 (0.21) | 7.8 (1.65) | *4.5 (3.20) | 5.5 (0.73) | *5.2 (1.63) | 4.8 (0.44) | 8.5 (2.17) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 8.4 (0.37) | 5.9 (0.59) | 9.5 (0.59) | *8.2 (3.06) | 11.0 (1.77) | 6.0 (1.40) | 8.4 (0.85) | 10.6 (1.88) |
| Near poor | 6.9 (0.30) | 5.3 (0.48) | 8.5 (0.62) | *4.5 (2.01) | 7.8 (1.04) | 8.7 (1.87) | 6.8 (0.58) | 9.6 (2.45) |
| Not poor | 4.8 (0.15) | 3.7 (0.17) | 7.4 (0.56) | *4.2 (1.66) | 6.4 (0.52) | 7.8 (1.06) | 4.9 (0.32) | 9.5 (1.38) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 5.2 (0.15) | 3.9 (0.17) | 8.6 (0.56) | *5.1 (1.74) | 6.7 (0.53) | 8.5 (1.22) | 5.2 (0.30) | 10.0 (1.32) |
| Rented | 7.5 (0.26) | 5.3 (0.43) | 8.4 (0.44) | 5.7 (1.54) | 8.6 (0.95) | 7.3 (1.10) | 8.3 (0.64) | 8.6 (1.31) |
| Some other arrangement | 7.1 (1.04) | *3.5 (1.12) | 11.2 (2.03) | *– | *9.4 (3.38) | *3.3 (2.41) | *5.8 (2.24) | *17.7 (11.79) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 4.9 (0.15) | 3.7 (0.17) | 8.4 (0.51) | *3.3 (1.34) | 6.5 (0.53) | 7.0 (1.14) | 5.1 (0.32) | 7.5 (2.07) |
| Medicaid | 8.2 (0.32) | 6.1 (0.58) | 8.9 (0.53) | 7.2 (1.99) | 9.8 (1.20) | 6.8 (1.25) | 8.3 (0.66) | 11.8 (1.52) |
| Other | 4.9 (0.75) | 4.4 (1.03) | *6.1 (1.83) | *9.2 (9.24) | *6.1 (2.21) | *13.2 (6.33) | *2.9 (1.54) | *– |
| Uninsured | 6.7 (0.42) | 5.5 (0.57) | 8.1 (0.99) | *3.7 (1.98) | 8.0 (1.56) | 11.3 (2.30) | 6.1 (0.74) | 9.9 (1.82) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 6.0 (0.24) | 4.3 (0.31) | 7.4 (0.53) | *3.0 (1.04) | 6.8 (0.86) | 6.8 (1.15) | 6.5 (0.51) | 10.2 (2.26) |
| Small MSA | 5.5 (0.17) | 3.9 (0.21) | 8.9 (0.53) | 5.9 (1.72) | 6.7 (0.65) | 8.2 (1.25) | 5.4 (0.37) | 10.3 (1.36) |
| Not in MSA | 6.7 (0.33) | 4.6 (0.37) | 9.9 (0.87) | *8.2 (3.67) | 9.0 (1.06) | 7.6 (1.72) | 7.0 (0.77) | 8.4 (1.63) |
| **Region** | | | | | | | | |
| Northeast | 5.7 (0.30) | 3.8 (0.35) | 8.2 (0.82) | *8.7 (3.34) | 8.5 (1.38) | 8.7 (2.04) | 6.3 (0.76) | 8.5 (2.11) |
| Midwest | 5.6 (0.26) | 4.0 (0.30) | 8.0 (0.76) | *3.9 (2.21) | 6.4 (0.80) | 8.4 (1.89) | 5.6 (0.57) | 13.9 (3.25) |
| South | 6.2 (0.22) | 4.3 (0.28) | 9.1 (0.56) | *6.1 (2.34) | 7.4 (0.78) | 7.0 (1.17) | 6.5 (0.48) | 7.8 (1.21) |
| West | 5.7 (0.28) | 4.4 (0.35) | 8.2 (0.69) | *3.8 (1.46) | 7.4 (1.02) | 7.0 (1.48) | 5.4 (0.45) | 11.1 (2.34) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, ''During the past 6 months, has [child's name] many worries, or often seems worried?'' Response categories included ''not true,'' ''somewhat true,'' ''certainly true,'' ''refused,'' and ''don't know;'' only ''certainly true'' cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled ''All children aged 4–17 who had many worries or often seemed worried in the past 6 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 59. Frequencies of children aged 4–17 who generally exhibited a poor attention span or did not usually see chores and homework through to the end during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who generally exhibited a poor attention span in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 6,242 | 2,036 | 1,433 | 50 | 804 | 281 | 1,315 | 323 |
| **Sex** | | | | | | | | |
| Male | 3,933 | 1,323 | 869 | 35 | 515 | 173 | 821 | 197 |
| Female | 2,309 | 713 | 563 | 15 | 289 | 108 | 494 | 126 |
| **Age** | | | | | | | | |
| 4–17 years | 6,242 | 2,036 | 1,433 | 50 | 804 | 281 | 1,315 | 323 |
| 4–11 years | 3,313 | 1,241 | 798 | 35 | 414 | 156 | 518 | 151 |
| 12–17 years | 2,928 | 795 | 635 | 15 | 390 | 125 | 797 | 172 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1,039 | 315 | 222 | 17 | 104 | 43 | 267 | 71 |
| Mexican or Mexican American | 713 | 230 | 130 | *11 | 76 | 26 | 183 | 58 |
| Not Hispanic or Latino | 5,202 | 1,721 | 1,211 | 34 | 699 | 238 | 1,048 | 252 |
| White, single race | 3,812 | 1,480 | 684 | 25 | 579 | 173 | 729 | 141 |
| Black or African American, single race | 1,061 | 136 | 438 | *6 | 86 | 48 | 261 | 86 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 812 | 169 | 262 | *8 | 69 | 57 | 237 | *9 |
| High school diploma or GED[6] | 1,638 | 438 | 410 | 25 | 235 | 102 | 397 | 31 |
| More than high school diploma | 3,480 | 1,424 | 677 | 17 | 493 | 122 | 658 | 90 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 1,375 | 186 | 739 | *10 | 92 | 68 | 219 | 61 |
| $20,000–$34,999 | 1,257 | 291 | 378 | 13 | 156 | 78 | 268 | 73 |
| $35,000–$54,999 | 1,256 | 433 | 200 | 14 | 201 | 57 | 281 | 70 |
| $55,000–$74,999 | 909 | 387 | 62 | *7 | 172 | 37 | 193 | 52 |
| $75,000 or more | 1,444 | 739 | 54 | *6 | 182 | 41 | 354 | 67 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 1,403 | 218 | 628 | *11 | 112 | 70 | 285 | 80 |
| Near poor | 1,613 | 379 | 427 | 19 | 223 | 85 | 366 | 115 |
| Not poor | 3,225 | 1,439 | 377 | 20 | 469 | 127 | 665 | 128 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 3,907 | 1,610 | 501 | 19 | 556 | 112 | 872 | 238 |
| Rented | 2,187 | 390 | 895 | 30 | 224 | 162 | 411 | 75 |
| Some other arrangement | 128 | 24 | 36 | *1 | 23 | *7 | 29 | *8 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 3,364 | 1,469 | 520 | 19 | 502 | 94 | 671 | 89 |
| Medicaid | 2,101 | 331 | 747 | 23 | 216 | 131 | 466 | 189 |
| Other | 133 | 52 | 26 | *– | 17 | *9 | 25 | *3 |
| Uninsured | 629 | 179 | 139 | *9 | 68 | 46 | 146 | 42 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 1,803 | 441 | 561 | 15 | 185 | 100 | 397 | 103 |
| Small MSA | 3,087 | 1,147 | 609 | 28 | 382 | 120 | 667 | 133 |
| Not in MSA | 1,352 | 448 | 262 | *7 | 237 | 61 | 251 | 86 |
| **Region** | | | | | | | | |
| Northeast | 1,004 | 345 | 233 | 14 | 88 | 36 | 255 | 34 |
| Midwest | 1,537 | 514 | 360 | *12 | 210 | 73 | 277 | 91 |
| South | 2,459 | 761 | 585 | *10 | 362 | 117 | 496 | 128 |
| West | 1,241 | 416 | 254 | 14 | 144 | 56 | 287 | 70 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an

unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, "During the past 6 months, has [child's name] had a good attention span, sees chores or homework through to the end?" Response categories included "not true," "somewhat true," "certainly true," "refused," and "don't know;" only "not true" cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled "All children aged 4–17 who generally exhibited a poor attention span in the past 6 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 60. Percentages (with standard errors) of children aged 4–17 who generally exhibited a poor attention span or did not usually see chores and homework through to the end during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who generally exhibited a poor attention span in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 11.2 (0.17) | 7.9 (0.21) | 14.7 (0.42) | 10.6 (1.54) | 15.6 (0.63) | 16.0 (1.10) | 11.9 (0.38) | 18.0 (1.22) |
| Sex | | | | | | | | |
| Male | 13.8 (0.25) | 10.0 (0.32) | 18.1 (0.65) | 13.5 (2.34) | 19.6 (0.98) | 18.8 (1.57) | 14.4 (0.56) | 21.4 (1.74) |
| Female | 8.5 (0.21) | 5.7 (0.25) | 11.4 (0.55) | 7.1 (1.76) | 11.4 (0.79) | 12.9 (1.50) | 9.3 (0.51) | 14.4 (1.77) |
| Age | | | | | | | | |
| 4–17 years | 11.2 (0.17) | 7.9 (0.21) | 14.7 (0.42) | 10.6 (1.54) | 15.6 (0.63) | 16.0 (1.10) | 11.9 (0.38) | 18.0 (1.22) |
| 4–11 years | 10.5 (0.22) | 7.6 (0.26) | 14.8 (0.58) | 9.7 (1.60) | 14.8 (0.88) | 14.1 (1.30) | 11.3 (0.55) | 16.6 (1.55) |
| 12–17 years | 12.1 (0.27) | 8.4 (0.35) | 14.5 (0.61) | 13.6 (3.78) | 16.5 (0.96) | 19.2 (1.96) | 12.4 (0.51) | 19.4 (1.95) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 10.3 (0.33) | 7.9 (0.46) | 13.4 (0.95) | 10.9 (2.60) | 13.5 (1.48) | 13.9 (2.17) | 9.5 (0.53) | 18.8 (2.48) |
| Mexican or Mexican American | 10.4 (0.42) | 8.0 (0.54) | 14.3 (1.37) | 10.2 (2.91) | 14.7 (1.91) | 12.7 (2.50) | 9.4 (0.65) | 20.8 (3.13) |
| Not Hispanic or Latino | 11.4 (0.20) | 7.9 (0.24) | 15.0 (0.48) | 10.5 (1.89) | 15.9 (0.71) | 16.4 (1.24) | 12.8 (0.47) | 17.7 (1.42) |
| White, single race | 11.3 (0.23) | 8.1 (0.26) | 15.3 (0.67) | 12.4 (2.63) | 16.7 (0.82) | 16.3 (1.52) | 13.2 (0.59) | 19.0 (2.08) |
| Black or African American, single race | 13.1 (0.49) | 8.6 (0.82) | 14.2 (0.75) | *7.7 (2.62) | 12.4 (1.54) | 16.7 (2.52) | 14.3 (1.05) | 15.7 (2.12) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 11.9 (0.45) | 8.4 (0.70) | 15.0 (1.02) | *7.5 (2.45) | 17.5 (2.49) | 16.2 (2.33) | 11.3 (0.73) | *7.1 (2.78) |
| High school diploma or GED[6] | 13.1 (0.36) | 9.8 (0.51) | 14.9 (0.80) | 14.0 (2.83) | 16.6 (1.24) | 16.1 (1.92) | 13.9 (0.77) | 19.3 (4.92) |
| More than high school diploma | 10.1 (0.21) | 7.4 (0.25) | 14.2 (0.63) | 9.2 (2.26) | 14.9 (0.80) | 15.9 (1.68) | 11.2 (0.52) | 24.0 (3.69) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 14.9 (0.45) | 9.7 (0.82) | 16.6 (0.64) | *8.4 (2.93) | 19.4 (2.39) | 19.2 (2.67) | 14.1 (1.09) | 17.3 (2.44) |
| $20,000–$34,999 | 13.2 (0.45) | 9.2 (0.70) | 14.3 (0.85) | 10.3 (2.98) | 17.5 (1.60) | 18.9 (2.80) | 14.3 (1.06) | 17.7 (2.23) |
| $35,000–$54,999 | 11.7 (0.39) | 9.3 (0.56) | 12.4 (1.02) | 11.5 (3.14) | 15.8 (1.31) | 13.5 (1.97) | 12.7 (0.98) | 16.9 (2.61) |
| $55,000–$74,999 | 10.7 (0.46) | 8.5 (0.53) | 10.7 (1.83) | *13.6 (5.94) | 17.0 (1.51) | 14.5 (2.98) | 10.9 (0.99) | 20.1 (4.54) |
| $75,000 or more | 8.1 (0.27) | 6.5 (0.30) | 11.3 (2.01) | *11.2 (4.27) | 12.1 (1.06) | 13.0 (2.43) | 9.8 (0.61) | 18.6 (3.06) |
| Poverty status[8] | | | | | | | | |
| Poor | 14.5 (0.48) | 9.6 (0.85) | 16.7 (0.74) | *9.7 (3.29) | 18.5 (2.22) | 17.7 (2.64) | 13.7 (1.06) | 17.5 (2.44) |
| Near poor | 13.2 (0.41) | 9.1 (0.60) | 15.1 (0.86) | 11.2 (2.82) | 17.5 (1.46) | 17.1 (2.56) | 13.3 (0.83) | 20.8 (2.65) |
| Not poor | 9.5 (0.20) | 7.4 (0.24) | 12.0 (0.70) | 10.6 (2.27) | 14.3 (0.75) | 14.5 (1.55) | 10.8 (0.47) | 16.3 (1.63) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 10.1 (0.19) | 7.6 (0.23) | 13.1 (0.66) | 8.6 (2.09) | 15.7 (0.76) | 14.5 (1.51) | 11.0 (0.44) | 19.1 (1.54) |
| Rented | 14.0 (0.33) | 9.8 (0.56) | 15.9 (0.56) | 12.1 (2.17) | 14.9 (1.15) | 17.3 (1.61) | 14.4 (0.80) | 15.0 (2.05) |
| Some other arrangement | 12.8 (1.32) | 6.4 (1.44) | 13.0 (2.47) | *10.5 (7.73) | 25.2 (5.33) | *19.6 (9.86) | 16.8 (3.38) | *18.9 (7.34) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 9.5 (0.20) | 7.4 (0.24) | 12.1 (0.60) | 10.9 (2.30) | 14.8 (0.76) | 12.8 (1.58) | 10.4 (0.46) | 15.2 (2.30) |
| Medicaid | 16.0 (0.40) | 11.0 (0.72) | 17.4 (0.70) | 9.9 (2.19) | 19.9 (1.49) | 18.0 (1.83) | 16.0 (0.88) | 21.3 (1.84) |
| Other | 11.2 (1.05) | 9.7 (1.56) | 12.7 (2.34) | *– | 10.5 (2.48) | *21.2 (7.29) | 13.3 (2.84) | *8.3 (4.23) |
| Uninsured | 11.1 (0.50) | 8.0 (0.72) | 14.7 (1.37) | *13.4 (4.50) | 13.7 (2.05) | 18.3 (3.04) | 10.5 (0.83) | 15.1 (2.39) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 11.6 (0.32) | 7.5 (0.41) | 15.4 (0.72) | 9.2 (2.28) | 14.8 (1.19) | 19.8 (2.22) | 11.5 (0.65) | 16.7 (2.27) |
| Small MSA | 10.4 (0.23) | 7.6 (0.29) | 14.0 (0.64) | 13.1 (2.55) | 14.7 (0.90) | 14.6 (1.65) | 11.5 (0.51) | 17.2 (1.74) |
| Not in MSA | 12.8 (0.40) | 9.3 (0.49) | 15.1 (0.90) | *7.3 (3.04) | 18.0 (1.34) | 14.0 (2.08) | 14.3 (1.13) | 21.5 (2.51) |
| Region | | | | | | | | |
| Northeast | 10.0 (0.40) | 7.1 (0.48) | 13.2 (0.93) | 16.2 (4.31) | 13.3 (1.60) | 13.3 (2.64) | 11.8 (0.95) | 13.3 (2.74) |
| Midwest | 11.7 (0.38) | 8.1 (0.44) | 15.6 (0.95) | *10.1 (3.17) | 16.2 (1.41) | 15.6 (2.22) | 12.4 (0.89) | 25.0 (3.55) |
| South | 12.2 (0.28) | 8.6 (0.37) | 15.0 (0.68) | *8.0 (2.41) | 16.7 (1.00) | 17.8 (1.86) | 13.2 (0.65) | 16.0 (1.57) |
| West | 10.1 (0.33) | 7.3 (0.43) | 14.2 (0.91) | 10.0 (2.72) | 13.9 (1.15) | 15.1 (2.29) | 10.1 (0.65) | 18.5 (2.46) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, "During the past 6 months, has [child's name] had a good attention span, sees chores or homework through to the end?" Response categories included "not true," "somewhat true," "certainly true," "refused," and "don't know;" only "not true" cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled "All children aged 4–17 who generally exhibited a poor attention span in the past 6 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 61. Frequencies of children aged 4–17 who certainly got along better with adults than children during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who certainly got along better with adults than children in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 6,264 | 2,327 | 1,339 | 54 | 635 | 219 | 1,419 | 271 |
| **Sex** | | | | | | | | |
| Male | 3,215 | 1,225 | 650 | 29 | 349 | 96 | 722 | 144 |
| Female | 3,049 | 1,102 | 689 | 26 | 286 | 122 | 697 | 127 |
| **Age** | | | | | | | | |
| 4–17 years | 6,264 | 2,327 | 1,339 | 54 | 635 | 219 | 1,419 | 271 |
| 4–11 years | 3,081 | 1,296 | 664 | 39 | 292 | 123 | 549 | 118 |
| 12–17 years | 3,183 | 1,031 | 676 | 16 | 343 | 95 | 870 | 152 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 1,409 | 504 | 286 | 18 | 108 | 44 | 376 | 73 |
| Mexican or Mexican American | 953 | 376 | 159 | 12 | 62 | 29 | 257 | 58 |
| Not Hispanic or Latino | 4,855 | 1,822 | 1,054 | 36 | 527 | 174 | 1,044 | 198 |
| White, single race | 3,187 | 1,384 | 504 | 21 | 415 | 118 | 643 | 103 |
| Black or African American, single race | 1,171 | 205 | 471 | 9 | 87 | 44 | 281 | 75 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 1,061 | 260 | 344 | 17 | 58 | 61 | 302 | *19 |
| High school diploma or GED[6] | 1,597 | 513 | 374 | 15 | 199 | 80 | 397 | *20 |
| More than high school diploma | 3,306 | 1,549 | 543 | 22 | 371 | 77 | 689 | 56 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 1,481 | 256 | 757 | 16 | 70 | 63 | 263 | 56 |
| $20,000–$34,999 | 1,252 | 361 | 325 | 16 | 130 | 61 | 283 | 77 |
| $35,000–$54,999 | 1,217 | 513 | 164 | *11 | 150 | 47 | 282 | 51 |
| $55,000–$74,999 | 873 | 410 | 54 | *7 | 116 | 26 | 222 | 38 |
| $75,000 or more | 1,441 | 787 | 40 | *5 | 168 | 22 | 369 | 50 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 1,546 | 287 | 650 | 16 | 97 | 65 | 348 | 84 |
| Near poor | 1,499 | 455 | 368 | 16 | 140 | 62 | 379 | 79 |
| Not poor | 3,219 | 1,585 | 321 | 23 | 398 | 92 | 692 | 108 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 3,862 | 1,784 | 424 | 24 | 421 | 86 | 956 | 166 |
| Rented | 2,247 | 488 | 877 | 29 | 202 | 125 | 438 | 88 |
| Some other arrangement | 136 | 46 | 36 | *1 | *11 | *7 | *20 | *15 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 3,367 | 1,576 | 465 | 17 | 417 | 84 | 737 | 72 |
| Medicaid | 1,921 | 398 | 694 | 25 | 133 | 94 | 440 | 137 |
| Other | 143 | 62 | 23 | *1 | 15 | *5 | 28 | *7 |
| Uninsured | 804 | 287 | 151 | *11 | 69 | 34 | 198 | 55 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 2,012 | 593 | 582 | 19 | 146 | 60 | 512 | 100 |
| Small MSA | 3,034 | 1,270 | 531 | 24 | 319 | 100 | 675 | 115 |
| Not in MSA | 1,218 | 464 | 226 | *11 | 169 | 58 | 233 | 56 |
| **Region** | | | | | | | | |
| Northeast | 1,113 | 383 | 263 | *11 | 100 | 40 | 280 | 35 |
| Midwest | 1,191 | 444 | 282 | *9 | 116 | 40 | 261 | 39 |
| South | 2,602 | 966 | 551 | 17 | 313 | 97 | 539 | 118 |
| West | 1,358 | 533 | 243 | 17 | 105 | 41 | 339 | 79 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who

are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, "During the past 6 months, did [child's name] get along better with adults than with other [children ages 4–11/youth 12–17]?" Response categories included "not true," "somewhat true," "certainly true," "refused," and "don't know;" only "certainly true" cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled "All children aged 4–17 who certainly got along better with adults than children in the past 6 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 62. Percentages (with standard errors) of children aged 4–17 who certainly got along better with adults than children during the past 6 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 who certainly got along better with adults than children in the past 6 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 11.3 (0.18) | 9.1 (0.24) | 13.8 (0.44) | 11.4 (1.51) | 12.4 (0.60) | 12.5 (0.98) | 13.0 (0.40) | 15.2 (1.03) |
| **Sex** | | | | | | | | |
| Male | 11.3 (0.24) | 9.3 (0.31) | 13.6 (0.57) | 10.9 (2.04) | 13.4 (0.90) | 10.5 (1.17) | 12.7 (0.54) | 15.8 (1.49) |
| Female | 11.3 (0.25) | 8.9 (0.33) | 14.0 (0.63) | 12.0 (2.26) | 11.3 (0.84) | 14.7 (1.50) | 13.2 (0.59) | 14.5 (1.47) |
| **Age** | | | | | | | | |
| 4–17 years | 11.3 (0.18) | 9.1 (0.24) | 13.8 (0.44) | 11.4 (1.51) | 12.4 (0.60) | 12.5 (0.98) | 13.0 (0.40) | 15.2 (1.03) |
| 4–11 years | 9.8 (0.22) | 8.0 (0.28) | 12.4 (0.57) | 10.6 (1.61) | 10.5 (0.81) | 11.2 (1.11) | 12.0 (0.60) | 13.1 (1.35) |
| 12–17 years | 13.2 (0.29) | 11.0 (0.41) | 15.6 (0.66) | 14.2 (3.67) | 14.7 (0.92) | 14.7 (1.85) | 13.6 (0.54) | 17.3 (1.56) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 14.1 (0.36) | 12.7 (0.57) | 17.5 (0.97) | 12.0 (2.57) | 14.1 (1.34) | 14.3 (2.05) | 13.4 (0.63) | 19.5 (2.40) |
| Mexican or Mexican American | 14.0 (0.45) | 13.1 (0.70) | 17.8 (1.31) | 11.4 (2.95) | 12.1 (1.44) | 14.3 (2.39) | 13.2 (0.76) | 21.1 (2.96) |
| Not Hispanic or Latino | 10.7 (0.20) | 8.4 (0.25) | 13.1 (0.49) | 11.2 (1.90) | 12.1 (0.66) | 12.1 (1.09) | 12.8 (0.49) | 14.0 (1.16) |
| White, single race | 9.5 (0.22) | 7.6 (0.26) | 11.4 (0.62) | 10.4 (2.29) | 12.0 (0.76) | 11.3 (1.26) | 11.7 (0.59) | 14.0 (1.65) |
| Black or African American, single race | 14.5 (0.52) | 13.0 (1.03) | 15.2 (0.79) | 11.6 (3.04) | 12.6 (1.57) | 15.3 (2.72) | 15.5 (1.08) | 13.6 (1.81) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 15.6 (0.54) | 13.0 (0.86) | 19.7 (1.19) | 15.3 (3.40) | 14.8 (2.13) | 17.4 (2.59) | 14.5 (0.88) | 15.8 (4.37) |
| High school diploma or GED[6] | 12.9 (0.38) | 11.5 (0.61) | 13.6 (0.76) | 8.5 (1.89) | 14.2 (1.26) | 12.6 (1.61) | 14.0 (0.75) | 12.6 (3.72) |
| More than high school diploma | 9.6 (0.21) | 8.1 (0.25) | 11.5 (0.55) | 11.9 (2.70) | 11.3 (0.74) | 10.2 (1.36) | 11.8 (0.56) | 15.1 (3.03) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 16.2 (0.50) | 13.4 (0.97) | 17.1 (0.74) | 13.9 (3.44) | 14.9 (2.12) | 17.9 (2.66) | 17.0 (1.18) | 16.1 (1.92) |
| $20,000–$34,999 | 13.3 (0.43) | 11.5 (0.74) | 12.4 (0.76) | 12.0 (3.07) | 14.6 (1.55) | 15.1 (2.56) | 15.3 (1.11) | 18.6 (2.55) |
| $35,000–$54,999 | 11.4 (0.40) | 11.0 (0.62) | 10.2 (0.97) | *8.7 (2.74) | 11.9 (1.16) | 11.0 (1.76) | 12.9 (0.89) | 12.2 (2.18) |
| $55,000–$74,999 | 10.4 (0.42) | 9.1 (0.53) | 9.5 (1.40) | *13.0 (5.26) | 11.5 (1.27) | 10.4 (1.99) | 12.6 (1.05) | 14.6 (2.75) |
| $75,000 or more | 8.1 (0.26) | 6.9 (0.30) | 8.4 (1.53) | *9.3 (3.91) | 11.3 (1.15) | 6.9 (1.59) | 10.3 (0.64) | 14.0 (2.53) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 16.1 (0.52) | 12.8 (0.95) | 17.3 (0.84) | 13.5 (3.59) | 16.2 (2.10) | 16.5 (2.48) | 16.9 (1.13) | 18.7 (2.49) |
| Near poor | 12.3 (0.39) | 11.0 (0.68) | 13.1 (0.73) | 9.0 (2.19) | 11.1 (1.14) | 12.6 (2.12) | 13.8 (0.83) | 14.2 (1.92) |
| Not poor | 9.6 (0.20) | 8.2 (0.25) | 10.2 (0.58) | 12.3 (2.40) | 12.2 (0.74) | 10.7 (1.14) | 11.3 (0.48) | 13.8 (1.49) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 10.0 (0.20) | 8.4 (0.25) | 11.2 (0.59) | 10.9 (2.18) | 12.0 (0.72) | 11.3 (1.30) | 12.1 (0.46) | 13.4 (1.17) |
| Rented | 14.4 (0.35) | 12.3 (0.63) | 15.7 (0.62) | 11.7 (2.09) | 13.5 (1.06) | 13.5 (1.47) | 15.4 (0.80) | 17.9 (2.06) |
| Some other arrangement | 13.9 (1.40) | 12.6 (2.33) | 13.0 (2.23) | *9.4 (8.99) | *12.1 (3.72) | *20.5 (9.08) | 12.4 (3.54) | *34.1 (11.83) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 9.5 (0.20) | 7.9 (0.24) | 10.9 (0.56) | 9.8 (2.28) | 12.3 (0.76) | 11.5 (1.37) | 11.6 (0.51) | 12.4 (1.63) |
| Medicaid | 14.7 (0.40) | 13.3 (0.80) | 16.3 (0.73) | 10.9 (2.12) | 12.3 (1.25) | 13.1 (1.72) | 15.2 (0.84) | 15.6 (1.62) |
| Other | 12.1 (1.11) | 11.6 (1.80) | 11.8 (2.34) | *17.6 (13.32) | 9.3 (2.51) | *11.8 (4.87) | 14.8 (2.89) | *18.9 (7.42) |
| Uninsured | 14.3 (0.60) | 12.9 (0.94) | 16.2 (1.31) | 16.8 (4.51) | 14.0 (2.04) | 13.4 (2.51) | 14.3 (1.05) | 19.9 (2.58) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 13.0 (0.35) | 10.2 (0.51) | 16.0 (0.72) | 11.4 (2.37) | 11.8 (1.12) | 12.0 (1.52) | 14.9 (0.74) | 16.2 (1.95) |
| Small MSA | 10.3 (0.24) | 8.5 (0.29) | 12.2 (0.65) | 11.1 (2.03) | 12.4 (0.88) | 12.4 (1.51) | 11.7 (0.51) | 14.9 (1.55) |
| Not in MSA | 11.6 (0.43) | 9.7 (0.60) | 13.1 (1.00) | *12.1 (4.43) | 13.0 (1.18) | 13.4 (1.97) | 13.4 (1.10) | 14.1 (1.83) |
| **Region** | | | | | | | | |
| Northeast | 11.1 (0.39) | 7.9 (0.47) | 15.1 (1.01) | 13.3 (3.74) | 15.3 (1.89) | 15.0 (2.63) | 13.0 (0.94) | 13.9 (2.33) |
| Midwest | 9.1 (0.35) | 7.0 (0.40) | 12.3 (0.89) | *7.2 (2.81) | 9.1 (0.98) | 8.7 (1.83) | 11.8 (0.95) | 10.7 (2.18) |
| South | 12.9 (0.32) | 11.0 (0.47) | 14.2 (0.71) | 13.4 (3.08) | 14.6 (1.05) | 14.9 (1.72) | 14.4 (0.66) | 14.9 (1.42) |
| West | 11.2 (0.39) | 9.5 (0.49) | 13.7 (1.05) | 12.1 (2.60) | 10.2 (0.98) | 11.3 (1.76) | 12.0 (0.73) | 20.9 (2.74) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family

consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, ''During the past 6 months, did [child's name] get along better with adults than with other [children ages 4–11/youth 12–17]?'' Response categories included ''not true,'' ''somewhat true,'' ''certainly true,'' ''refused,'' and ''don't know;'' only ''certainly true'' cases are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled ''All children aged 4–17 who certainly got along better with adults than children in the past 6 months'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 63. Frequencies of children aged 4–17 with definite or severe emotional or behavioral difficulties, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 with definite or severe emotional or behavioral difficulties | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 2,851 | 779 | 729 | 27 | 438 | 135 | 567 | 176 |
| **Sex** | | | | | | | | |
| Male | 1,823 | 526 | 452 | 20 | 287 | 89 | 359 | 91 |
| Female | 1,028 | 254 | 277 | *7 | 151 | 46 | 208 | 85 |
| **Age** | | | | | | | | |
| 4–17 years | 2,851 | 779 | 729 | 27 | 438 | 135 | 567 | 176 |
| 4–11 years | 1,422 | 425 | 375 | 17 | 228 | 77 | 221 | 77 |
| 12–17 years | 1,429 | 354 | 353 | *10 | 210 | 57 | 346 | 99 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 372 | 83 | 97 | *6 | 53 | 18 | 87 | 27 |
| Mexican or Mexican American | 216 | 58 | 45 | *2 | 31 | 10 | 48 | 22 |
| Not Hispanic or Latino | 2,479 | 696 | 632 | 21 | 385 | 117 | 480 | 148 |
| White, single race | 1,834 | 611 | 370 | 18 | 317 | 81 | 354 | 84 |
| Black or African American, single race | 464 | 37 | 200 | *2 | 47 | 21 | 102 | 53 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 346 | 50 | 140 | *6 | 34 | 24 | 88 | *3 |
| High school diploma or GED[6] | 675 | 136 | 200 | *9 | 117 | 40 | 165 | *7 |
| More than high school diploma | 1,663 | 592 | 347 | *12 | 281 | 69 | 305 | 58 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 714 | 82 | 399 | *6 | 45 | 29 | 113 | 40 |
| $20,000–$34,999 | 571 | 88 | 189 | *6 | 104 | 39 | 112 | 34 |
| $35,000–$54,999 | 514 | 144 | 78 | *9 | 125 | 27 | 100 | 32 |
| $55,000–$74,999 | 405 | 151 | 35 | *5 | 73 | *18 | 93 | *30 |
| $75,000 or more | 646 | 315 | 28 | *1 | 92 | 22 | 149 | 39 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 705 | 87 | 341 | *6 | 57 | 29 | 139 | 45 |
| Near poor | 758 | 131 | 217 | *10 | 141 | 47 | 149 | 62 |
| Not poor | 1,387 | 560 | 171 | *11 | 240 | 59 | 279 | 68 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 1,748 | 636 | 264 | *8 | 288 | 50 | 370 | 133 |
| Rented | 1,039 | 131 | 448 | 20 | 140 | 84 | 180 | 37 |
| Some other arrangement | 58 | *9 | 17 | *– | *11 | *1 | *16 | *4 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 1,425 | 568 | 243 | *4 | 254 | 43 | 273 | *40 |
| Medicaid | 1,108 | 140 | 411 | 18 | 123 | 74 | 223 | 120 |
| Other | 60 | 25 | *6 | *1 | *14 | *4 | *9 | *1 |
| Uninsured | 251 | 45 | 69 | *5 | 46 | 14 | 56 | *14 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 830 | 180 | 272 | *6 | 102 | 41 | 165 | 65 |
| Small MSA | 1,418 | 444 | 332 | *16 | 200 | 62 | 290 | 75 |
| Not in MSA | 602 | 155 | 126 | *6 | 136 | 32 | 111 | 36 |
| **Region** | | | | | | | | |
| Northeast | 516 | 137 | 129 | *9 | 59 | 25 | 130 | *28 |
| Midwest | 710 | 176 | 191 | *9 | 104 | 36 | 137 | 57 |
| South | 1,094 | 303 | 298 | *5 | 199 | 46 | 180 | 62 |
| West | 530 | 163 | 111 | *4 | 77 | 27 | 120 | 28 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, ''Overall, do you think that [child's name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?'' Response categories included ''no,'' yes, minor difficulties,'' ''yes, definite difficulties,'' ''yes, severe difficulties,'' ''refused,'' and ''don't know;'' ''yes, definite difficulties'' and ''yes, severe difficulties'' are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled ''All children aged 4–17 with definite or severe emotional or behavioral difficulties'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 64. Percentages (with standard errors) of children aged 4–17 with definite or severe emotional or behavioral difficulties, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 with definite or severe emotional or behavioral difficulties | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 5.1 (0.12) | 3.0 (0.14) | 7.4 (0.33) | 5.7 (1.23) | 8.4 (0.51) | 7.6 (0.78) | 5.1 (0.27) | 9.6 (1.08) |
| Sex | | | | | | | | |
| Male | 6.3 (0.18) | 3.9 (0.22) | 9.3 (0.50) | 7.7 (1.91) | 10.8 (0.81) | 9.6 (1.22) | 6.2 (0.39) | 9.7 (1.28) |
| Female | 3.7 (0.15) | 2.0 (0.16) | 5.5 (0.41) | *3.2 (1.36) | 5.9 (0.59) | 5.4 (1.01) | 3.9 (0.36) | 9.5 (1.72) |
| Age | | | | | | | | |
| 4–17 years | 5.1 (0.12) | 3.0 (0.14) | 7.4 (0.33) | 5.7 (1.23) | 8.4 (0.51) | 7.6 (0.78) | 5.1 (0.27) | 9.6 (1.08) |
| 4–11 years | 4.5 (0.15) | 2.6 (0.16) | 6.9 (0.42) | 4.6 (1.17) | 8.1 (0.78) | 6.9 (0.92) | 4.8 (0.39) | 8.3 (1.18) |
| 12–17 years | 5.8 (0.19) | 3.7 (0.25) | 8.0 (0.47) | *9.1 (3.55) | 8.8 (0.70) | 8.7 (1.45) | 5.3 (0.36) | 10.9 (1.83) |
| Hispanic origin and race[4] | | | | | | | | |
| Hispanic or Latino | 3.6 (0.19) | 2.1 (0.24) | 5.8 (0.61) | *4.1 (1.69) | 6.8 (0.98) | 5.7 (1.22) | 3.0 (0.29) | 7.1 (1.62) |
| Mexican or Mexican American | 3.1 (0.22) | 2.0 (0.28) | 4.9 (0.82) | *1.8 (1.05) | 6.0 (0.98) | 5.1 (1.41) | 2.4 (0.31) | 7.6 (2.05) |
| Not Hispanic or Latino | 5.4 (0.14) | 3.2 (0.16) | 7.7 (0.37) | 6.4 (1.63) | 8.7 (0.59) | 8.0 (0.92) | 5.8 (0.34) | 10.2 (1.28) |
| White, single race | 5.4 (0.17) | 3.3 (0.17) | 8.2 (0.52) | 8.5 (2.38) | 9.0 (0.69) | 7.6 (1.11) | 6.4 (0.46) | 11.1 (1.87) |
| Black or African American, single race | 5.6 (0.31) | 2.3 (0.47) | 6.4 (0.54) | *3.2 (1.90) | 6.8 (1.19) | 7.3 (1.68) | 5.5 (0.60) | 9.4 (1.95) |
| Parent's education[5] | | | | | | | | |
| Less than high school diploma | 5.0 (0.32) | 2.5 (0.39) | 7.9 (0.72) | *5.4 (2.76) | 8.5 (1.86) | 6.8 (1.45) | 4.1 (0.62) | *2.6 (1.43) |
| High school diploma or GED[6] | 5.4 (0.25) | 3.0 (0.32) | 7.2 (0.59) | *5.1 (1.88) | 8.2 (0.91) | 6.4 (1.14) | 5.7 (0.51) | *4.3 (2.79) |
| More than high school diploma | 4.8 (0.15) | 3.1 (0.16) | 7.2 (0.47) | *6.4 (2.00) | 8.5 (0.68) | 8.9 (1.42) | 5.1 (0.37) | 15.5 (3.48) |
| Family income[7] | | | | | | | | |
| Less than $20,000 | 7.6 (0.34) | 4.1 (0.57) | 8.9 (0.52) | *5.4 (2.58) | 9.3 (1.77) | 8.2 (1.60) | 7.1 (0.78) | 11.0 (2.41) |
| $20,000–$34,999 | 5.9 (0.30) | 2.7 (0.40) | 7.1 (0.62) | *4.4 (1.93) | 11.5 (1.36) | 9.4 (2.03) | 5.9 (0.65) | 7.9 (1.80) |
| $35,000–$54,999 | 4.7 (0.26) | 3.0 (0.33) | 4.8 (0.63) | *7.1 (2.84) | 9.8 (1.04) | 6.4 (1.40) | 4.5 (0.52) | 7.7 (1.87) |
| $55,000–$74,999 | 4.7 (0.33) | 3.3 (0.33) | 6.0 (1.23) | *9.7 (4.86) | 7.2 (1.06) | *6.9 (2.16) | 5.2 (0.87) | *11.6 (4.39) |
| $75,000 or more | 3.6 (0.20) | 2.7 (0.20) | 5.8 (1.56) | *2.3 (2.67) | 6.1 (1.00) | 6.6 (1.76) | 4.1 (0.41) | 10.9 (2.51) |
| Poverty status[8] | | | | | | | | |
| Poor | 7.2 (0.34) | 3.8 (0.54) | 8.9 (0.59) | *5.3 (2.58) | 9.4 (1.69) | 7.2 (1.48) | 6.6 (0.71) | 9.7 (2.11) |
| Near poor | 6.1 (0.30) | 3.1 (0.39) | 7.6 (0.62) | *5.8 (2.17) | 11.1 (1.22) | 9.5 (1.89) | 5.4 (0.63) | 11.0 (2.42) |
| Not poor | 4.1 (0.13) | 2.9 (0.15) | 5.4 (0.47) | *5.9 (1.88) | 7.2 (0.63) | 6.7 (1.03) | 4.5 (0.33) | 8.5 (1.34) |
| Home tenure status[9] | | | | | | | | |
| Owned or being bought | 4.5 (0.14) | 3.0 (0.15) | 6.8 (0.52) | *3.5 (1.39) | 8.0 (0.64) | 6.4 (1.03) | 4.6 (0.30) | 10.5 (1.34) |
| Rented | 6.6 (0.25) | 3.2 (0.35) | 7.8 (0.44) | 7.8 (1.99) | 9.3 (0.91) | 8.9 (1.23) | 6.3 (0.57) | 7.2 (1.75) |
| Some other arrangement | 5.7 (0.88) | *2.4 (0.95) | 6.2 (1.77) | *– | *11.6 (4.11) | *1.8 (1.78) | 9.5 (2.72) | *9.1 (5.73) |
| Health insurance coverage[10] | | | | | | | | |
| Private | 4.0 (0.14) | 2.8 (0.15) | 5.6 (0.44) | *2.4 (0.92) | 7.4 (0.62) | 5.8 (1.07) | 4.2 (0.32) | *6.7 (2.06) |
| Medicaid | 8.3 (0.31) | 4.6 (0.51) | 9.5 (0.55) | 7.6 (2.14) | 11.3 (1.18) | 10.1 (1.44) | 7.6 (0.66) | 13.4 (1.64) |
| Other | 5.0 (0.75) | 4.6 (1.27) | *2.9 (0.95) | *9.2 (9.24) | 8.6 (2.48) | *8.6 (5.34) | *4.8 (1.58) | *2.2 (1.65) |
| Uninsured | 4.4 (0.32) | 2.0 (0.35) | 7.2 (0.98) | *7.0 (3.71) | 9.3 (1.71) | 5.6 (1.54) | 4.0 (0.53) | 5.1 (1.52) |
| Place of residence[11] | | | | | | | | |
| Large MSA | 5.3 (0.22) | 3.0 (0.26) | 7.3 (0.50) | *3.4 (1.55) | 8.1 (0.87) | 7.9 (1.29) | 4.7 (0.41) | 10.2 (2.20) |
| Small MSA | 4.7 (0.17) | 2.9 (0.18) | 7.5 (0.51) | 7.3 (2.10) | 7.7 (0.75) | 7.5 (1.30) | 5.0 (0.35) | 9.4 (1.42) |
| Not in MSA | 5.6 (0.28) | 3.2 (0.34) | 7.1 (0.78) | *6.0 (2.85) | 10.3 (1.10) | 7.4 (1.39) | 6.3 (0.83) | 8.8 (1.96) |
| Region | | | | | | | | |
| Northeast | 5.1 (0.29) | 2.8 (0.33) | 7.2 (0.73) | *10.3 (3.88) | 8.8 (1.25) | 9.1 (2.14) | 5.9 (0.68) | 10.6 (2.99) |
| Midwest | 5.3 (0.27) | 2.7 (0.25) | 8.2 (0.74) | *7.5 (2.92) | 8.0 (1.07) | 7.7 (1.79) | 6.1 (0.67) | 15.5 (3.28) |
| South | 5.4 (0.21) | 3.4 (0.24) | 7.6 (0.53) | *4.3 (2.03) | 9.1 (0.84) | 7.0 (1.20) | 4.7 (0.41) | 7.7 (1.32) |
| West | 4.3 (0.21) | 2.8 (0.28) | 6.1 (0.65) | *2.6 (1.33) | 7.4 (1.02) | 7.3 (1.35) | 4.2 (0.47) | 7.2 (1.69) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one

another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An ''other'' family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of the behavior shown in this table is obtained from a question that asked, ''Overall, do you think that [child's name] has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?'' Response categories included ''no,'' ''yes, minor difficulties,'' ''yes, definite difficulties,'' ''yes, severe difficulties,'' ''refused,'' and ''don't know;'' ''yes, definite difficulties'' and ''yes, severe difficulties'' are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to this behavior and family structure are not included in the column labeled ''All children aged 4–17 with definite or severe emotional or behavioral difficulties'' (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category ''Not Hispanic or Latino'' refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category ''Not Hispanic or Latino black or African American, single race'' in the tables is referred to as ''non-Hispanic black'' in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. ''Poor'' persons are defined as below the poverty threshold. ''Near poor'' persons have incomes of 100% to less than 200% of the poverty threshold. ''Not poor'' persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category ''Uninsured'' includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. ''Not in MSA'' consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 65. Frequencies of children aged 4–17 with definite or severe emotional or behavioral difficulties who had no contact with a mental health professional or general doctor for an emotional or behavioral problem during the last 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 with definite or severe emotional or behavioral difficulties who had no contact with a mental health professional or general doctor for this type of problem in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Number in thousands[2] | | | | | | | |
| Total[3] | 1,133 | 311 | 292 | *13 | 170 | 53 | 245 | 49 |
| **Sex** | | | | | | | | |
| Male | 706 | 203 | 170 | *10 | 102 | 34 | 167 | 20 |
| Female | 427 | 108 | 122 | *3 | 67 | 19 | 79 | 29 |
| **Age** | | | | | | | | |
| 4–17 years | 1,133 | 311 | 292 | *13 | 170 | 53 | 245 | 49 |
| 4–11 years | 565 | 171 | 154 | *9 | 80 | 33 | 99 | 20 |
| 12–17 years | 568 | 140 | 138 | *5 | 90 | 20 | 146 | 29 |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 175 | 40 | 42 | *1 | 29 | *9 | 47 | *7 |
| Mexican or Mexican American | 103 | 28 | 20 | *– | 17 | *5 | 26 | *6 |
| Not Hispanic or Latino | 958 | 270 | 251 | *12 | 141 | 44 | 199 | 42 |
| White, single race | 639 | 228 | 119 | *10 | 104 | 29 | 131 | 18 |
| Black or African American, single race | 245 | 22 | 106 | *2 | 27 | *9 | 53 | *24 |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 166 | 26 | 66 | *– | *8 | 16 | 43 | *1 |
| High school diploma or GED[6] | 297 | 58 | 84 | *2 | 52 | 16 | 83 | *2 |
| More than high school diploma | 601 | 227 | 124 | *5 | 104 | 20 | 116 | *6 |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 300 | 35 | 162 | *5 | *18 | 16 | 44 | *20 |
| $20,000–$34,999 | 267 | 41 | 92 | *5 | 45 | *14 | 63 | *8 |
| $35,000–$54,999 | 205 | 62 | 24 | *2 | 45 | *7 | 55 | *10 |
| $55,000–$74,999 | 142 | 57 | *10 | *– | 34 | *8 | 30 | *3 |
| $75,000 or more | 220 | 117 | *5 | *1 | 28 | *8 | 54 | *7 |
| **Poverty status[8]** | | | | | | | | |
| Poor | 309 | 39 | 143 | *5 | 19 | 15 | 65 | *22 |
| Near poor | 328 | 59 | 99 | *5 | 62 | 17 | 74 | *13 |
| Not poor | 496 | 213 | 50 | *3 | 88 | 21 | 107 | 14 |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 651 | 248 | 88 | *1 | 112 | 23 | 150 | 29 |
| Rented | 454 | 56 | 201 | *12 | 53 | 30 | 85 | *17 |
| Some other arrangement | 24 | *5 | *4 | *– | *5 | *– | *10 | *1 |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 534 | 221 | 79 | *1 | 91 | 19 | 115 | *8 |
| Medicaid | 423 | 55 | 163 | *11 | 42 | 27 | 91 | 34 |
| Other | 24 | *7 | *3 | *– | *5 | *– | *7 | *– |
| Uninsured | 151 | 27 | 47 | *1 | 31 | *7 | 31 | *7 |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 351 | 72 | 122 | *1 | 47 | 15 | 75 | *19 |
| Small MSA | 540 | 172 | 115 | *10 | 76 | 20 | 126 | 20 |
| Not in MSA | 243 | 66 | 55 | *2 | 47 | 18 | 44 | *10 |
| **Region** | | | | | | | | |
| Northeast | 190 | 55 | 43 | *3 | 25 | *12 | 45 | *8 |
| Midwest | 230 | 57 | 76 | *5 | 27 | *9 | 47 | *9 |
| South | 483 | 120 | 131 | *2 | 89 | 22 | 96 | 23 |
| West | 230 | 79 | 42 | *4 | 29 | 10 | 58 | *9 |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of having no contacts with either a mental health professional or a general doctor for an emotional or behavioral problem are based on two questions that asked, "During the past 12 months, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker about [child's name]'s health?" and, for sample children who had seen or talked with a general doctor or pediatrician during the past 12 months, "Did you see or talk with this general doctor because of an emotional or behavioral problem that [child's name] may have?" Only sample children with definite or severe emotional or behavioral difficulties who lacked contacts with either a mental health professional or a general doctor for such a problem are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to these contacts and family structure are not included in the column labeled "All children aged 4–17 with definite or severe emotional or behavioral difficulties who had no contact with a mental health professional or general doctor for this type of problem in the past 12 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance. Additionally, numbers within selected characteristics may not add to totals because of rounding.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

**Table 66. Percentages (with standard errors) of children aged 4–17 with definite or severe emotional or behavioral difficulties who had no contact with a mental health professional or general doctor for an emotional or behavioral problem during the last 12 months, by family structure and by selected characteristics: United States, 2001–2007**

| Selected characteristics | All children aged 4–17 with definite or severe emotional or behavioral difficulties who had no contact with a mental health professional or general doctor for this type of problem in the past 12 months | Family structure[1] | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Nuclear | Single parent | Unmarried biological or adoptive | Blended | Cohabiting | Extended | Other |
| | Percent[2] (standard error) | | | | | | | |
| Total[3] | 39.9 (1.19) | 39.9 (2.18) | 40.2 (2.23) | 48.2 (11.11) | 39.0 (3.18) | 39.6 (5.31) | 43.5 (2.59) | 27.8 (4.95) |
| **Sex** | | | | | | | | |
| Male | 38.9 (1.42) | 38.7 (2.63) | 37.8 (2.75) | 49.3 (12.96) | 36.0 (3.80) | 38.4 (6.39) | 46.7 (3.10) | 22.3 (5.59) |
| Female | 41.6 (2.02) | 42.6 (4.00) | 44.1 (3.71) | *45.2 (21.20) | 44.6 (5.19) | 42.2 (9.47) | 38.0 (4.24) | 33.8 (8.74) |
| **Age** | | | | | | | | |
| 4–17 years | 39.9 (1.19) | 39.9 (2.18) | 40.2 (2.23) | 48.2 (11.11) | 39.0 (3.18) | 39.6 (5.31) | 43.5 (2.59) | 27.8 (4.95) |
| 4–11 years | 39.9 (1.68) | 40.2 (3.06) | 41.2 (3.18) | 50.1 (12.88) | 35.1 (4.44) | 43.0 (6.98) | 45.1 (4.06) | 25.5 (6.33) |
| 12–17 years | 39.9 (1.66) | 39.6 (3.35) | 39.2 (3.15) | *45.2 (20.29) | 43.1 (4.28) | 35.2 (7.38) | 42.5 (3.34) | 29.6 (7.33) |
| **Hispanic origin and race[4]** | | | | | | | | |
| Hispanic or Latino | 47.3 (2.74) | 48.6 (5.35) | 42.9 (5.59) | *16.2 (10.54) | 56.3 (7.41) | 53.4 (11.44) | 54.0 (4.81) | *24.8 (8.77) |
| Mexican or Mexican American | 47.6 (3.63) | 48.6 (6.43) | 44.5 (8.70) | *– | 55.6 (9.73) | *46.3 (14.40) | 54.4 (6.42) | *27.9 (10.98) |
| Not Hispanic or Latino | 38.8 (1.30) | 38.9 (2.38) | 39.8 (2.38) | 57.9 (12.72) | 36.6 (3.42) | 37.5 (5.82) | 41.6 (2.90) | 28.4 (5.65) |
| White, single race | 34.9 (1.50) | 37.3 (2.54) | 32.3 (2.97) | 56.6 (14.42) | 33.1 (3.73) | 35.8 (6.97) | 37.0 (3.37) | 21.3 (5.40) |
| Black or African American, single race | 53.1 (2.87) | 59.6 (9.97) | 53.4 (4.29) | 87.0 (13.65) | 57.0 (9.43) | *43.4 (13.37) | 53.5 (5.52) | 45.7 (11.16) |
| **Parent's education[5]** | | | | | | | | |
| Less than high school diploma | 48.3 (3.43) | 51.0 (8.10) | 46.8 (4.79) | *– | *25.1 (8.58) | 69.9 (9.89) | 49.0 (7.55) | *33.5 (27.44) |
| High school diploma or GED[6] | 44.1 (2.35) | 42.2 (5.30) | 42.6 (4.18) | *19.8 (13.53) | 44.9 (5.77) | 38.5 (8.55) | 50.3 (4.68) | *29.7 (25.82) |
| More than high school diploma | 36.2 (1.57) | 38.4 (2.51) | 35.8 (3.17) | *44.1 (15.50) | 37.2 (4.07) | 29.2 (7.43) | 38.2 (3.48) | *9.5 (5.58) |
| **Family income[7]** | | | | | | | | |
| Less than $20,000 | 42.2 (2.30) | 42.4 (7.18) | 40.6 (2.97) | 85.4 (11.08) | 40.4 (9.58) | 53.6 (10.27) | 39.7 (5.60) | 49.9 (11.84) |
| $20,000–$34,999 | 46.9 (2.77) | 46.2 (6.52) | 48.8 (4.68) | 82.5 (13.16) | 43.2 (6.71) | 36.9 (10.71) | 56.0 (5.80) | *24.0 (11.17) |
| $35,000–$54,999 | 39.9 (2.95) | 43.2 (5.88) | 31.5 (7.03) | *20.4 (15.71) | 36.0 (5.22) | *26.6 (9.12) | 54.8 (6.17) | *30.5 (11.70) |
| $55,000–$74,999 | 35.2 (3.21) | 37.8 (5.00) | *27.7 (9.36) | *– | 46.9 (7.60) | *45.0 (16.11) | 32.2 (7.14) | *11.4 (6.56) |
| $75,000 or more | 34.1 (2.46) | 37.1 (3.59) | *16.4 (8.78) | *31.3 (49.31) | 31.1 (7.01) | *37.2 (13.50) | 36.3 (4.72) | *18.8 (8.39) |
| **Poverty status[8]** | | | | | | | | |
| Poor | 44.0 (2.50) | 44.9 (7.42) | 42.2 (3.45) | 88.2 (10.45) | 34.1 (8.55) | 52.2 (10.68) | 46.9 (5.62) | 48.5 (11.46) |
| Near poor | 43.4 (2.52) | 44.7 (5.86) | 45.7 (4.21) | *47.5 (19.16) | 44.3 (5.92) | 35.3 (9.19) | 49.8 (6.03) | *20.7 (7.77) |
| Not poor | 35.9 (1.58) | 38.1 (2.49) | 29.4 (3.89) | *25.9 (14.78) | 37.0 (3.99) | 37.0 (7.70) | 38.5 (3.40) | 20.6 (5.77) |
| **Home tenure status[9]** | | | | | | | | |
| Owned or being bought | 37.3 (1.51) | 39.1 (2.40) | 33.4 (3.53) | *8.5 (8.44) | 39.2 (3.95) | 46.9 (8.53) | 40.6 (3.16) | 21.6 (4.86) |
| Rented | 43.9 (1.92) | 43.0 (5.49) | 44.9 (2.91) | 63.9 (12.90) | 38.1 (5.26) | 35.6 (6.57) | 47.6 (4.61) | 46.8 (12.84) |
| Some other arrangement | 42.2 (7.94) | *53.2 (20.63) | *24.0 (10.67) | *– | *42.7 (19.67) | *– | 60.3 (14.72) | *26.9 (25.55) |
| **Health insurance coverage[10]** | | | | | | | | |
| Private | 37.6 (1.67) | 38.9 (2.59) | 32.5 (3.63) | *17.9 (12.44) | 36.1 (4.04) | 44.3 (9.34) | 42.5 (3.77) | *20.8 (10.18) |
| Medicaid | 38.3 (1.89) | 39.1 (5.64) | 39.9 (2.98) | 63.0 (14.02) | 34.7 (5.20) | 37.7 (7.28) | 40.8 (4.31) | 27.9 (5.81) |
| Other | 39.4 (7.62) | *29.3 (11.09) | *51.6 (16.48) | *– | *38.2 (14.63) | *– | 76.6 (13.17) | *– |
| Uninsured | 60.2 (3.58) | 60.1 (8.49) | 68.1 (6.10) | *11.7 (12.14) | 66.3 (8.90) | 46.7 (13.74) | 56.1 (6.80) | *48.6 (15.34) |
| **Place of residence[11]** | | | | | | | | |
| Large MSA | 42.4 (2.18) | 40.1 (4.32) | 45.2 (3.52) | *19.7 (13.06) | 46.3 (6.07) | 37.4 (8.20) | 45.3 (4.49) | *29.0 (9.92) |
| Small MSA | 38.2 (1.66) | 38.9 (2.96) | 34.8 (3.23) | 61.4 (14.07) | 38.3 (4.77) | 33.3 (8.12) | 43.9 (3.56) | 27.0 (6.47) |
| Not in MSA | 40.3 (2.77) | 42.8 (5.10) | 43.7 (5.69) | *40.5 (21.75) | 34.5 (5.63) | 54.5 (11.03) | 40.0 (6.76) | *27.3 (9.10) |
| **Region** | | | | | | | | |
| Northeast | 36.9 (2.74) | 40.1 (5.57) | 33.2 (4.81) | *34.1 (18.92) | 43.2 (8.56) | 47.0 (12.33) | 34.5 (5.18) | *27.7 (16.81) |
| Midwest | 32.6 (2.36) | 32.5 (4.14) | 40.3 (4.50) | *49.9 (19.41) | 26.1 (5.23) | *24.6 (8.71) | 34.7 (5.43) | *16.4 (6.34) |
| South | 44.2 (1.96) | 39.7 (3.49) | 43.9 (3.59) | *35.5 (21.56) | 44.9 (5.07) | 47.7 (9.49) | 53.7 (4.44) | 36.8 (7.95) |
| West | 43.6 (2.66) | 48.3 (4.86) | 38.1 (5.31) | 96.3 (4.00) | 37.7 (7.54) | 39.3 (9.94) | 48.1 (5.25) | *31.5 (9.79) |

* Estimate has a relative standard error of greater than 30% and should be used with caution because it does not meet the standards of reliability or precision.

– Quantity zero.

[1]A nuclear family consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A single-parent family consists of one or more children living with a single adult (male or female, related or unrelated). An unmarried biological or adoptive family consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A blended family consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A cohabiting family consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An extended family consists of one or more children living with at least one biological or adoptive parent and a related adult. An "other" family consists of one or more children living with related or unrelated adults who are not biological or adoptive parents.

[2]Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prevalence of having no contacts with either a mental health professional or a general doctor for an emotional or behavioral problem are based on two questions that asked, "During the past 12 months, have you seen or talked to a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker about [child's name]'s health?" and, for sample children who had seen or talked with a general doctor or pediatrician during the past 12 months, "Did you see or talk with this general doctor because of an emotional or behavioral problem that [child's name] may have?" Only sample children with definite or severe emotional or behavioral difficulties who lacked contacts with either a mental health professional or a general doctor for such a problem are represented in this table. A knowledgeable adult provided information on behalf of child respondents. Unknowns with respect to these contacts and family structure are not included in the column labeled "All children aged 4–17 with definite or severe emotional or behavioral difficulties who had no contact with a mental health professional or general doctor for this type of problem in the past 12 months" (see Appendix I).

[3]Includes other races not shown separately and children with unknown parent's education, family income, poverty status, or health insurance.

[4]Persons of Hispanic or Latino origin may be of any race or combination of races. Similarly, the category "Not Hispanic or Latino" refers to all persons who are not of Hispanic or Latino origin, regardless of race. To be concise, the text uses shorter versions of the terms shown in the table. For example, the category "Not Hispanic or Latino black or African American, single race" in the tables is referred to as "non-Hispanic black" in the text.

[5]Refers to the education level of the parent with the higher level of education, regardless of that parent's age.

[6]GED is General Educational Development high school equivalency diploma.

[7]Information on family income and poverty status is obtained from the 2001–2007 National Health Interview Survey Imputed Family Income/Personal Earnings Files.

[8]Based on family income and family size using the U.S. Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

[9]Based on a question in the Family Core that asked whether the family's house or apartment is owned or being bought, rented, or occupied by some other arrangement (see Appendix II).

[10]Classification of health insurance coverage is based on a hierarchy of mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy. The category "Uninsured" includes persons who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care (see Appendix II).

[11]MSA is metropolitan statistical area. Large MSAs have a population size of 1 million or more; small MSAs have a population size of less than 1 million. "Not in MSA" consists of persons not living in a metropolitan statistical area.

SOURCE: CDC/NCHS, National Health Interview Survey, 2001–2007.

# Appendix I. Technical Notes on Methods

This report is based on pooled data from the 2001–2007 in-house Sample Child and Person files, which are derived from the Sample Child and Family Core components of the National Health Interview Survey (NHIS). Selected variables from various Household and Family files were also used, most notably the family structure variable used for this report. The latter variable was not available in the first and second quarters of 2004, so the Sample Child case weights for the third and fourth quarters of 2004 were doubled so as to obtain an appropriate estimate of the U.S. child population for that particular year. The Sample Child record weight in the combined 2001–2007 file was divided by 7 in order to obtain weighted estimates that are representative of the U.S. noninstitutionalized child population in a single year (during the study period). Detailed, in-house sample design information was used to produce the most accurate variance estimates possible. However, because a new NHIS sample design was implemented in 2006 (and continued in 2007), it was necessary to create new design effect variables in order to perform variance estimation across the two sample design periods (i.e., 2001–2005 and 2006–2007). These procedures are outlined in Appendix VII of the 2007 NHIS Survey Description (30).

Standard errors, produced by the SUDAAN statistical package, are shown for all percentages in the tables. Frequencies or percentages with relative standard errors greater than 30% are considered unreliable and are indicated with an asterisk. The relative standard errors are calculated as follows:

Relative standard error = (SE/Est)100,

where SE is the standard error of the estimate, and Est is the estimate (percentage or frequency). The reliability of frequencies and their percentages is determined independently, so that it is possible for a particular frequency to be reliable and its associated percentage unreliable, and vice versa. In most instances, however, both estimates were reliable or unreliable simultaneously.

In the tables, all unknown values (respondents coded as ‘‘refused,’’ ‘‘don’t know,’’ or ‘‘not ascertained’’) with respect to each table’s variables of interest were removed from the denominators when calculating row percentages. In most instances the overall number of unknowns is quite small, and would not have supported disaggregation by the demographic characteristics included in the table. Because these unknowns are not shown separately, users calculating their own percentages based on the frequencies and population counts presented in the tables may obtain slightly different results. To aid readers’ understanding of the data, weighted counts and percentages of unknowns (with respect to the health characteristics shown in each table) are presented in Table I.

Unknowns with respect to several of the demographic characteristics used in each table are not shown due to small cell counts. Table II shows weighted counts and percentages of children in the U.S. population with unknown values with respect to family structure, parental education and home tenure status. Note that the 2001–2007 NHIS Imputed Family Income or Personal Earnings Files were used to minimize missing information with respect to family income and poverty status.

## Hypothesis Tests

Two-tailed tests of significance were performed on all the comparisons mentioned in the ‘‘Selected Highlights’’ section of this report (no adjustments were made for multiple comparisons). The test statistic used to determine statistical significance of the difference between two percentages was

$$Z = \frac{|X_a - X_b|}{\sqrt{S_a^{\,2} + S_b^{\,2}}},$$

where $X_a$ and $X_b$ are the two percentages being compared, and $S_a$ and $S_b$ are the SUDAAN-calculated standard errors of those percentages. The critical value used for two-sided tests at the 0.05 level of significance was 1.96.

**Table I. Weighted counts and percentages of children with unknown information on health characteristics of interest, National Health Interview Survey, 2001–2007**

| Variable | Count of children (in thousands) | Percent of children |
|---|---|---|
| Good, fair, or poor health (children under age 18), Tables 1–2 | 33 | 0.04% |
| Ever told had one or more chronic conditions (children under age 18), Tables 3–4 | 41 | 0.06% |
| Ever told had asthma (children under age 18), Table 5–6 | 135 | 0.18% |
| Hay fever in the past 12 months (children under age 18), Tables 7–8 | 225 | 0.31% |
| Respiratory allergies in the past 12 months (children under age 18), Tables 9–10 | 242 | 0.33% |
| Digestive or skin allergies in the past 12 months (children under age 18), Tables 11–12 | 176 | 0.24% |
| Frequent headaches or migraines in the past 12 months (children aged 3–17), Tables 13–14 | 68 | 0.11% |
| Three or more ear infections in the past 12 months (children under age 18), Tables 15–16 | 89 | 0.12% |
| Ever told had mental retardation or any developmental delay (children under age 18), Tables 17–18 | 91 | 0.12% |
| Had impairment or health problem that limited crawling, walking, running, or playing (children under age 18), Tables 19–20 | 41 | 0.06% |
| Received special education or early intervention services for an emotional or behavioral problem (children under age 18), Tables 21–22 | 35 | 0.05% |
| Vision problems (children under age 18), Tables 23–24 | 145 | 0.20% |
| Ever been told had learning disability or attention deficit hyperactivity disorder (children aged 3–17), Tables 25–26 | 164 | 0.27% |
| Basic actions disability (children aged 4–17), Tables 27–28 | 792 | 1.39% |
| Missed 6 or more school days in past 12 months (children aged 5–17), Tables 29–30 | 1,484 | 2.80% |
| Health insurance coverage (children under age 18), Tables 31–32 | 280 | 0.38% |
| Lacked a usual place of health care (children under age 18), Tables 33–34 | 180 | 0.25% |
| Prescription medication used regularly for at least 3 months (children under age 18), Tables 35–36 | 100 | 0.14% |
| Two or more visits to a hospital emergency room in the past 12 months (children under age 18), Tables 37–38 | 421 | 0.58% |
| No medical checkup in the past 12 months (children under age 18), Tables 39–40 | 754 | 1.09% |
| Saw or talked with an eye doctor in the past 12 months (children aged 2–17), Tables 41–42 | 377 | 0.58% |
| Medical care delayed due to concerns over cost (children under age 18), Tables 43–44 | 47 | 0.06% |
| Did not receive prescription medication during the past 12 months due to lack of affordability (children aged 2–17), Tables 45–46 | 163 | 0.25% |
| Did not get needed eyeglasses during the past 12 months due to lack of affordability (children aged 2–17), Tables 47–48 | 161 | 0.25% |
| Did not see dentist within the past 12 months (children aged 2–17), Tables 49–50 | 802 | 1.23% |
| Dental care delayed due to cost (children aged 2–17), Tables 51–52 | 163 | 0.25% |
| Often unhappy, depressed, or tearful behavior during the past 6 months (children aged 4–17), Tables 53–54 | 1,259 | 2.20% |
| Not well-behaved or did not usually do what adults requested during the past 6 months (children aged 4–17), Tables 55–56 | 1,204 | 2.11% |
| Had many worries or often seemed worried during the past 6 months (children aged 4–17), Tables 57–58 | 1,282 | 2.24% |
| Poor attention span or did not usually see chores and homework through to the end during the past 6 months (children aged 4–17), Tables 59–60 | 1,387 | 2.43% |
| Got along better with adults than children during the past 6 months (children aged 4–17), Tables 61–62 | 1,706 | 2.99% |
| Had definite or severe emotional or behavioral difficulties (children aged 4–17), Tables 63–64 | 697 | 1.22% |
| No contact with a mental health professional or general doctor for an emotional or behavioral problem during the last 12 months (children aged 4–17 with definite or several emotional or behavioral difficulties), Tables 65–66 | 88 | 0.31% |

**Table II. Weighted counts and percentages of children aged 0–17 with unknown information on selected sociodemographic characteristics, National Health Interview Survey, 2001–2007**

| Variable | Count of children (in thousands) | Percent of children |
|---|---|---|
| Family structure | 79 | 0.11% |
| Parental education | 2,408 | 3.30% |
| Home tenure status | 348 | 0.48% |

NOTE: There are no missing cases with respect to either income or poverty status because the 2001–2007 NHIS Imputed Family Income/Personal Earnings Files were used for this analysis.

# Appendix II. Definitions of Selected Terms

## Sociodemographic characteristics

*Age*—The age recorded for each child is the age at the last birthday. Age is recorded in single years and grouped using a variety of age categories depending on the purpose of the table.

*Family income*—Each member of a family is classified according to the total income of all family members. Family members are all persons within the household related to each other by blood, marriage, cohabitation, or adoption. The income recorded is the total income received by all family members in the previous calendar year. Income from all sources—including wages, salaries, pensions, government payments, child support or alimony, dividends, help from relatives, etc.—is included. Unrelated individuals living in the same household (e.g., roommates) are considered to be separate families and are classified according to their own incomes.

*Family structure*—A *nuclear family* consists of one or more children living with two parents who are married to one another and are biological or adoptive parents to all children in the family. A *single-parent family* consists of one or more children living with a single adult (male or female, related or unrelated to the child or children). An *unmarried biological or adoptive family* consists of one or more children living with two parents who are not married to one another and are biological or adoptive parents to all children in the family. A *blended family* consists of one or more children living with a biological or adoptive parent and an unrelated stepparent who are married to one another. A *cohabiting family* consists of one or more children living with a biological or adoptive parent and an unrelated adult who are cohabiting with one another. An *extended family* consists of one or more children living with at least one biological or adoptive parent and a related adult who is not a parent (e.g., grandparent, adult sibling). Given the NHIS definition of children as family members aged 0–17 and adults as family members aged 18 and over, adult children (those aged 18 and over) are considered related adults. This will result in smaller counts and percentages of the remaining family types, particularly nuclear families, and to a lesser extent, single-parent families (in part because they are numerically the largest family types). An *"other" family* consists of one or more children living with related or unrelated adults who are not biological or adoptive parents (foster children living with at least two adults as well as children being raised by their grandparents are included in this category). All categories are mutually exclusive.

*Health insurance coverage*—NHIS respondents were asked about their health insurance coverage at the time of interview. Respondents reported whether they were covered by private insurance (obtained through the employer or workplace, purchased directly, or through a local or community program), Medicare, Medigap (supplemental Medicare coverage), Medicaid, Children's Health Insurance Program (CHIP), Indian Health Service (IHS), military coverage (including VA, TRICARE, or CHAMP–VA), a state-sponsored health plan, another government program, or single-service plans. This information was used to create a health insurance hierarchy for persons under age 65 with four mutually exclusive categories. Persons with more than one type of health insurance were assigned to the first appropriate category in the hierarchy listed below:

*Private coverage*—Includes persons who had any comprehensive private insurance plan [including health maintenance organizations (HMOs) and preferred provider organizations]. These plans include those obtained through an employer and those purchased directly or through local or community programs.

*Medicaid*—Includes persons who do not have private coverage, but who have Medicaid and/or other state-sponsored health plans including CHIP.

*Other coverage*—Includes persons who do not have private or Medicaid (or other public coverage), but who have any type of military health plan (includes VA, TRICARE, and CHAMP–VA) or Medicare. This category also includes persons who are covered by other government programs.

*Uninsured*—Includes persons who have not indicated that they are covered at the time of interview under private health insurance (from employer or workplace, purchased directly, or through a state, local government or community program), Medicare, Medicaid, CHIP, a state-sponsored health plan, other government programs, or military health plan (includes VA, TRICARE, and CHAMP–VA). This category also includes persons who are only covered by IHS or only have a plan that pays for one type of service such as accidents or dental care.

Weighted frequencies indicate that 0.38% of children were missing information with respect to health insurance coverage.

*Hispanic origin and race*—The tables in this report are consistent with federal guidelines established in 1997 by the Office of Management and Budget (OMB) regarding the presentation of race and ethnicity statistics in U.S. government publications (45). Hispanic origin and race are two separate and distinct concepts. Hispanic persons may be of any race. Hispanic origin includes persons of Mexican, Puerto Rican, Cuban, Central and South American, or Spanish origins. All tables show Mexican or Mexican-American persons as a subset of Hispanic persons. Other groups are not shown for reasons of confidentiality or statistical reliability.

The category "Not Hispanic or Latino" includes the categories of "White, single race" and "Black or African American, single race." Persons in these categories indicated only a single race group (see the definition of

"Race" in this Appendix for more information). Data are not shown separately for other "Not Hispanic or Latino" single-race persons or those reporting multiple race due to statistical unreliability as measured by the relative standard errors of the estimates, but are included in the total for "Not Hispanic or Latino."

*Home tenure status*—Based on a question in the Family Core that asked whether the family's house or apartment is owned or is being bought, rented, or occupied by some other arrangement. The latter category includes respondents who may live rent-free with relatives, provide a service (such as child care, maintenance, etc.) in return for rent, or live in group homes or assisted living accommodations. The number of families in this category is very small: in 2001–2007, 1.5% of all sample children lived in families that occupied homes "by some other arrangement" (or 2% of all U.S. children nationally).

*Parent's education*—This reflects the highest grade in school completed by the sample child's mother or father who are living in the household, regardless of that parent's age. NHIS does not obtain information pertaining to parents not living in the household. If both parents reside in the household but information on one parent's education is unknown, then the other parent's education is used. If both parents reside in the household and education is unknown for both, then parent's education (with respect to the child) is unknown. If neither parent resides in the household, then parent's education is unknown.

Only years completed in a school that advances a person toward an elementary or high school diploma, General Educational Development high school equivalency diploma, college, university, or professional degree are included. Education in other schools and home schooling are counted only if the credits are accepted in a regular school system.

*Place of residence*—Classified as inside a metropolitan statistical area (MSA) or outside an MSA. Generally, an MSA consists of a county or group of counties containing at least one city or twin cities with a population of 50,000 or more, plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. In New England, towns and cities rather than counties are the units used in defining MSAs. The number of adjacent counties included in an MSA is not limited, and boundaries may cross state lines.

OMB defines metropolitan areas according to published standards that are applied to U.S. Census Bureau data. Consequently, the definition of a metropolitan area is periodically revised. For the 2001–2005 NHIS data, the MSA definition was based on 1993 OMB standards using the 1990 census. For the 2006–2007 NHIS, the MSA definition is based on 2003 OMB standards using data from the 2000 census. In the tables for this report, place of residence is based on variables indicating MSA size from the 2001–2003 Person and 2004–2007 Household files. These variables are collapsed into three categories: MSAs with a population of 1 million or more, MSAs with a population of less than 1 million, and areas that are not within an MSA.

*Poverty status*—Based on family income and family size using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as persons whose family incomes are below the poverty threshold. "Near poor" persons have family incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have family incomes that are 200% of the poverty threshold or greater.

*Race*—The categories "White, single race" and "Black or African American, single race" refer to persons who indicated only a single race group. Estimates for multiple race combinations are not shown in this report because these generally do not meet the requirements for confidentiality and statistical reliability.

The text in this report uses shorter versions of the new OMB race and Hispanic origin terms for conciseness, while the tables use the complete terms. For example, the category "Not Hispanic or Latino, black or African American, single race" in the tables is referred to as "Non-Hispanic black" in the text.

*Region*—In the geographic classification of the U.S. population, states are grouped into the four regions used by the U.S. Census Bureau:

| *Region* | *States included* |
|---|---|
| Northeast | Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania; |
| Midwest | Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska; |
| South | Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas; |
| West | Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii. |

## Health characteristics or outcomes

*Asthma*—Includes bronchial asthma, allergic asthma, etc. Asthma is indicated when a doctor or other health professional reported to the family that the sample child has asthma.

*Attention deficit hyperactivity disorder (ADHD)*—Indicated when a doctor or other health professional reported to the family that the sample child has ADHD. ADHD includes attention deficit disorder.

*Basic actions disability*—A new summary measure that takes into account four basic domains or functions that a child needs in order to participate in age-appropriate activities (38,39). These domains consist of sensory functions (e.g., hearing, vision), movement (e.g., walking, running, playing), cognitive functioning (e.g., ability to remember, learning disabilities,

mental retardation, Down syndrome, autism), and emotional or behavioral functions (ADHD, emotional or behavioral difficulties). Children aged 4–17 were considered to have a basic action disability if they had any one of the following problems: a lot of trouble hearing or deafness; trouble seeing; limitations in their ability to crawl, walk, run, or play; difficulty remembering; mental retardation; Down syndrome; autism; a learning disability; ADHD; or definite or severe emotional or behavioral difficulties (from the Strengths and Difficulties Questionnaire).

*Chronic conditions*—Conditions that are not cured, once acquired (such as heart disease, diabetes, and birth defects) are considered chronic from the date of onset. Other conditions must have been present 3 months or longer to be considered chronic. An exception is made for children less than age 1 who have had a condition since birth; these conditions are considered chronic. Questions in the 2001–2007 NHIS Sample Child Cores pertaining to chronic conditions ask whether these conditions were diagnosed by a doctor or a health professional.

*Contacts with health professionals*—Defined as a visit to or conversation with a doctor or other health professional by anyone in the family about the health of the sample child during the 2 weeks prior to interview. Contacts include home visits, office visits, or telephone calls for medical advice, prescriptions, or test results. A telephone call to schedule an appointment is not included as a contact. An emergency room visit and hospital stays are included as contacts.

*Doctor or other health professional*—Refers to medical doctors and osteopathic physicians, including general practitioners as well as specialists, psychologists, nurses, physical therapists, chiropractors, etc.

*Health status*—Obtained from a question in the survey that asked respondents, ''Would you say your health in general was excellent, very good, good, fair, or poor?'' Information was obtained from all respondents, with proxy responses allowed for adults not taking part in the interview and all children under age 18. In this report, the categories ''Good,'' ''Fair,'' and ''Poor'' health are combined into a single category and shown in Tables 1 and 2.

*Hospital emergency room (ER) visits*—Includes visits to a hospital ER only. Visits for emergency care received at an HMO, outpatient clinic, or urgent care center are not included.

*Prescription medicine*—Medication that can only be obtained with the approval of a licensed health care provider.

*Usual place of health care*—Based on a question that asked whether respondents had a place that they usually went to when they were sick or needed advice about their health. These places include a walk-in clinic, doctor's office, clinic, health center, HMO, hospital emergency room or outpatient clinic, or a military or VA health care facility.

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T37792 (12/2010)
DHHS Publication No. (PHS) 2011–1574, Series 10, No. 246

# 10 Recommendations to Prevent Poverty

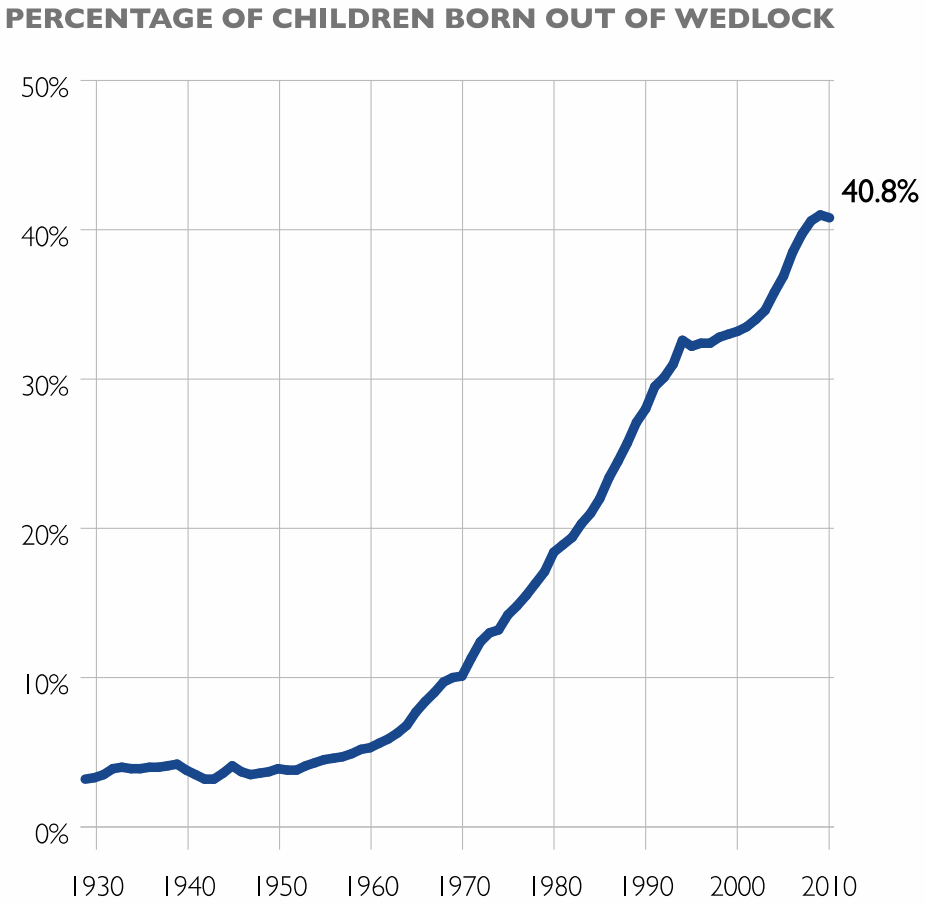
1. Add relationship education and training workshops to the case management protocols of Temporary Assistance to Needy Family (TANF) clients.
2. Reduce the perceived or actual anti-marriage penalties in welfare programs that would reduce cash benefits if a couple is married.
3. Create public education campaigns in low income communities on the benefits of building and forming healthy families, maintaining healthy families and building social supports.
4. Encourage schools to educate students on the benefits of delaying childbearing until academic achievement goals are reached and a family is formed.
5. Require federally funded family planning clinics to provide classes on forming and maintaining healthy relationships to interested low income clients.

6. Require federally funded family planning clinics to offer voluntary referrals to life planning, literacy, financial and relationship skills education to all interested low income clients.
7. Make voluntary relationship education widely available to interested couples in low income communities.
8. Reduce the barriers of attending these classes by providing meals, childcare and transportation.
9. Fund, create and implement statewide strategy to promote healthy family formation and family strengthening messages to prevent poverty and increase child well-being.
10. Teach relationship, literacy, financial and leadership skills to students to be educated, equipped and empowered with the skills necessary to create emotional and personal safety in the home, workplace and in the community and to advocate for what they need to reach their full potential.

# Growth of Out-of-Wedlock Childbearing in the United States, 1929–2010

Throughout most of U.S. history, out-of-wedlock childbearing was rare.

When the federal government's War on Poverty began in 1964, only 6.8 percent of children in the U.S. were born out of wedlock. However, over the next four decades, the number rose rapidly. By 2010, 40.8 percent of births in the U.S. occurred outside of marriage.




**Note:** Initiated by President Lyndon Johnson in 1964, the War on Poverty led to the creation of more than three dozen welfare programs to aid poor persons. Government has spent $16.7 trillion on means-tested aid to the poor since 1964.

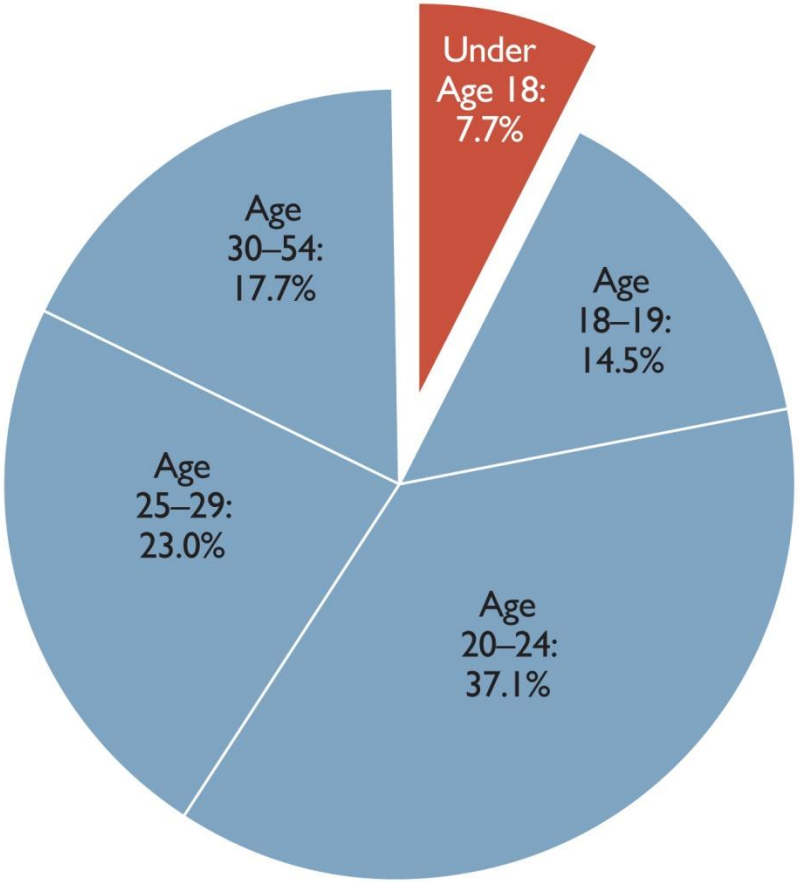
**Sources:** U.S. Government, U.S. Census Bureau, and National Center for Health Statistics.

# Few Unwed Births Occur to Teenagers

Out-of-wedlock births are often confused erroneously with teen births, but only 8 percent of out-of-wedlock births in the U.S. occur to girls under age 18.

By contrast, some three out of four unwed births occur to young adult women between the ages of 18 and 29.

**PERCENTAGE OF OUT-OF-WEDLOCK BIRTHS BY AGE OF MOTHER**




**Note:** Figures have been rounded.

**Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006 NHS data.

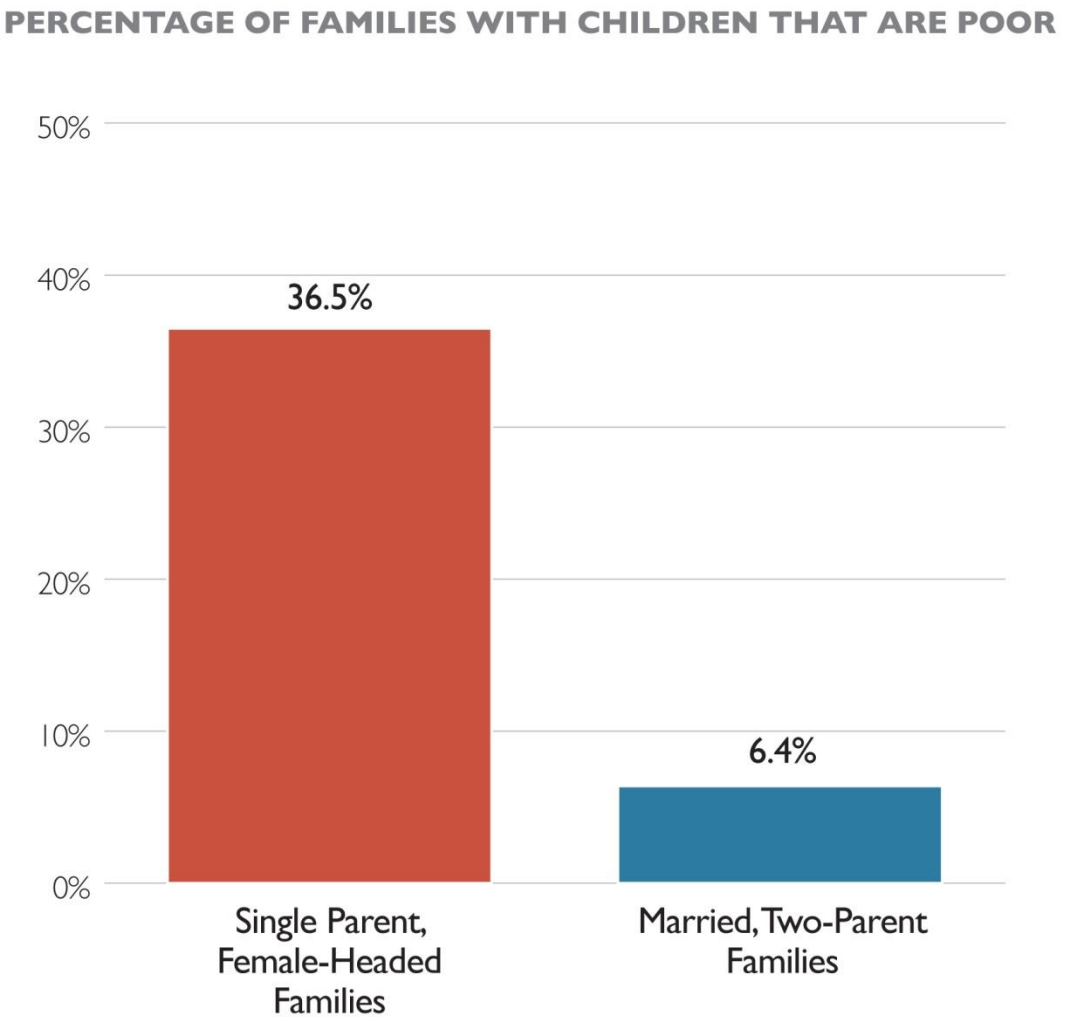
# Marriage Drops the Probability of Child Poverty by 82 Percent

The steady rise in out-of-wedlock child bearing is a major cause of high levels of child poverty in the U.S.

In 2008, more than a third (36.5 percent) of single mothers with children were poor, compared to only 6.4 percent of married couples with children.

Single-parent families with children are almost six times more likely to be poor than are married couples.

The higher poverty rate among single-mother families is due both to the lower education levels of the mothers and the lower income because of the absence of the fathers.

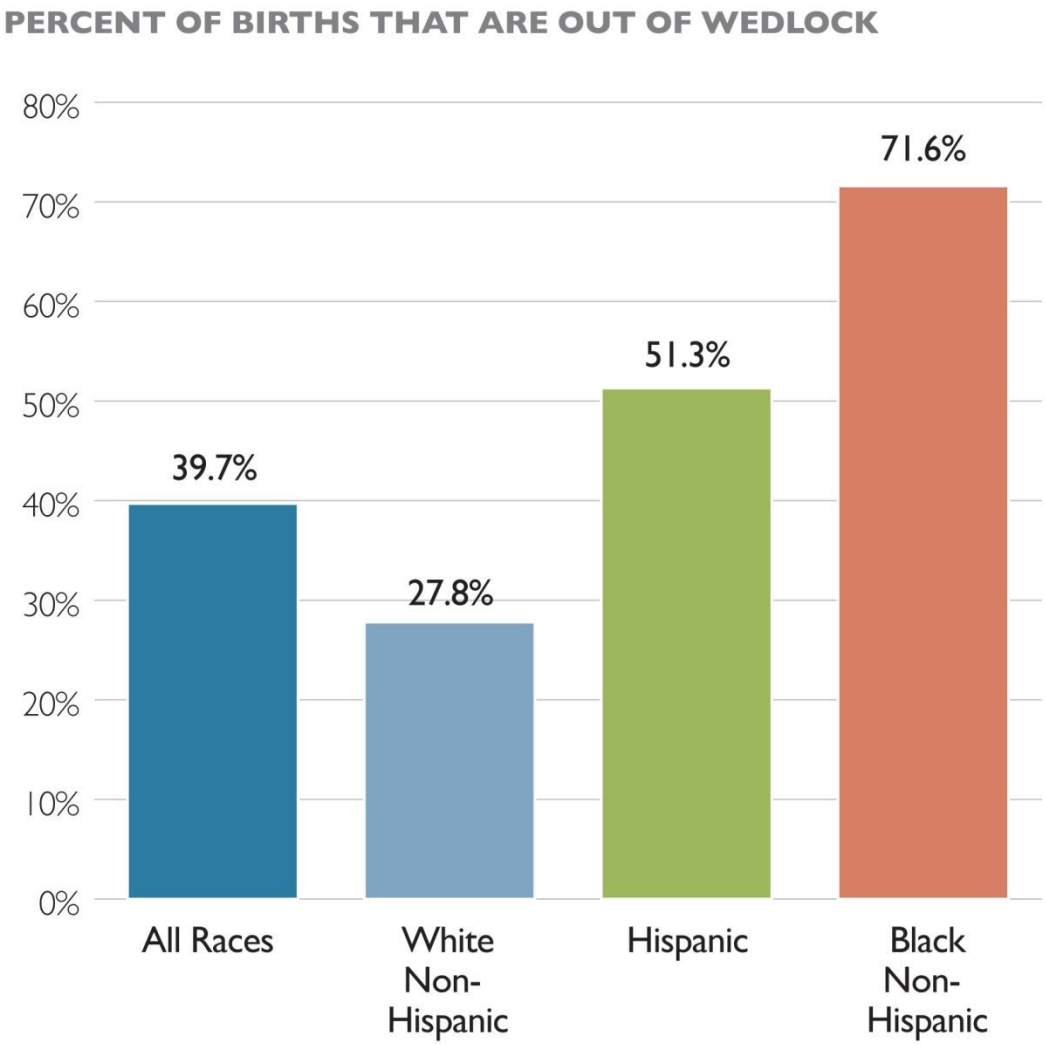



**Source:** U.S. Census Bureau, American Community Survey, 2006–2008 data.

# Unwed Birth Rates Vary Strongly by Race

Out-of-wedlock childbearing varies considerably by race.

In 2006 (the most recent year for which racial breakdown is available), nearly four in 10 births (39.7 percent) in the U.S. occurred outside marriage. The unwed birth rate was lowest among non-Hispanic whites, at just over one in four births (27.8 percent). Among Hispanics, more than half of births were out-of-wedlock. Among blacks, seven out of 10 births were to unmarried women (71.6 percent).




**Source:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006 NHS data.

Health Statistics
ber 246 December 2010

# Family Structure and Children's Health in the United States: Findings From the National Health Interview Survey, 2001–200

**July 21, 2015**

**Jessica Bartholow, Antionette Dozier and Michael Herald**
**Western Center on Law and Poverty**

# Comments on HR 2959 and the Discussion Draft of TANF Reauthorization Bill

**Subcommittee on Human Resources, Committee on Ways and Means**
**U.S. House of Representatives**

The Western Center on Law and Poverty (Western Center) represents Californian's poorest residents in the areas of health, public benefits and housing. One of our areas of subject matter expertise is the Temporary Assistance for Needy Families (TANF) block grant program that is known in California as California Work Opportunity and Responsibility to Kids (CalWORKs) program. This paper includes our initial responses to HR 2959[1] and the Discussion Draft of TANF Reauthorization.[2] While we wish that there had been more time allocated to discussing the current reality of families with children who live in poverty and deep poverty, the increase in family homelessness and maternal depression among low-income mothers, the stagnant poverty rates among black children and scalable best practices to address these issues, we are satisfied that HR 2959 and the Discussion Draft seek to improve program accountability to poor children and their families and hope that our comments are helpful to improve it prior to passage.

***Background from a California Perspective***

The CalWORKs program was established in 1997, following the passage of the federal personal Responsibility and Work Opportunity Act. It requires eligible parents to be employed or participate in employment training (Welfare-to-Work) while offering supports, including child care and transportation. CalWORKs, once recognized as one of California's most effective programs, now suffers from severe cuts, weakening its ability to help families secure self-sufficient employment in an economy that has few opportunities for low-wage workers to exit poverty.[3]

Since the program's inception, the purchasing power of the benefit and the length of aid available have been dramatically reduced. In 1996, benefits for low-income families were at about 80% of the Federal Poverty Level (FPL). As of January 2015, the maximum cash grant for a family of three is $638/month, just 41% of the FPL. Length of aid for which adults are eligible for benefits through the program has also been reduced over the past decade, from 60 months of lifetime eligibility to just 48 months. In addition, adults' eligibility for welfare-to-work and support services has been reduced from 60 months to 24 months (with some exceptions, including child care). Moreover, these cuts to the program were levied during the worst recession in a generation, when unemployment skyrocketed even those with limited barriers to work remained unemployed for years. Unemployment rates were particularly high for women and minorities.[4] Reversing the fate of these families, who live below half of the poverty rate with little chance of escape, should be a top priority for federal and state elected officials.

***Response to Major Provisions in HR 2959 and the TANF Reauthorization Working Draft***

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[1] https://www.congress.gov/bill/114th-congress/house-bill/2959/text
[2] http://waysandmeans.house.gov/wp-content/uploads/2015/07/JDG_705_xml.pdf
[3] According to the Public Policy Institute of California, nearly 80% of poor Californians lived in families with at least one adult working and 54.9% of those in poverty, at least one family member report working full time (excluding families comprised exclusively people who were over 65 years of age). http://www.ppic.org/main/publication_show.asp?i=261
[4] "Women's Unemployment at 6 Year Low, but Raises for Black Women," National Women's Law Center (March 2015) http://www.nwlc.org/press-release/womens-unemployment-6-year-low-rises-black-women-nwlc-analysis-shows

We appreciate that the Ways and Means Committee is making TANF Reauthorization a priority. For almost two decades, TANF has been a neglected policy area. Efforts in the past to reauthorize TANF have often ignored what was happening to the families who need assistance at the expense of winning political points. Due to this, opportunities to fully explore how TANF has or has not worked to lift families out of poverty have been few and far between. The Committee's focus on TANF's actual performance is refreshing. Below are our initial comments to HR 2959 and the Discussion Draft and the open policy questions and we look forward to working with the committee in the coming weeks to develop reauthorization policy.

- **Redesign of The TANF Work Participation Measure**

Since its' passage in 1997 TANF has had a mixed record of fulfilling its' promise of providing meaningful opportunities to education, training and employment for low income families. While many TANF recipients have benefited from the changes in the 1997 law, many more families have not benefited. In part this is due to the initial program design of TANF.

State policy choices in implementing TANF have long been shaped by a desire to avoid penalties for failing to meet the 50% work participation requirement. During the first years of TANF, large caseload reductions gave states a credit towards their work participation requirement that made the standard easier to meet. The focus on caseload reduction was accentuated after TANF was reauthorized in the Deficit Reduction Act in early 2006 when caseload credits were limited to caseload reductions after 2005. States, including California, had renewed incentive to reduce caseload or to identify excess Maintenance of Effort (MOE) that could be converted into caseload reduction credit.

Caseload reduction, however, does not always equate to positive outcomes for families. States got a credit whenever anyone leaves the caseload, whether for employment or because they were sanctioned off assistance or they simply quit. States got a caseload reduction credit based on state spending that qualified as MOE even though it often provided little or no assistance to needy families.

Western Center has long supported replacing the caseload reduction credit and the TANF penalty structure with outcome measures that better encourage states to reduce poverty, increase educational achievement, serve those with barriers to employment and increase earnings for TANF recipients. The HR 2959 and the Discussion Draft are clearly a step in the right direction in this regard. Eliminating the caseload reduction construct and replacing it with a straightforward work participation requirement would allow states to get partial credit for persons who are not able to participate fully. It eliminates the excessive work requirements on two parent families and the core/non-core weekly work requirement that functioned as a one size fits all approach to participation.

HR 2959 and the Discussion Draft additionally propose to create a set of performance measures for states that reward states for outcomes that make a difference. It measures the number of recipients who exit TANF for unsubsidized employment and who remain employed for two or four quarters. It measures the increase in median incomes of recipients who exit TANF for unsubsidized employment and who remain employed for four quarters. These are the kind of outcomes that states should be challenged to meet.

HR 2959 and the Discussion Draft also propose a new method of penalizing states for failure to meet work participation. Instead of reductions to the TANF block grant that states would have to backfill with state funding, the penalty would be an increase of 5 percent in state MOE funding each year up to a maximum of 100 percent of MOE. This approach will help states do a better job of improving performance and meet outcomes than the current penalty methodology. States will still have to

increase their spending but it will not suffer from a loss of TANF funds. Thus at a point where the state is being challenged to do more to help recipients succeed it has more resources to accomplish the task. Under the existing system, states have to commit new state resources just to maintain the prior funding level which makes it hard, if not impossible, for states to improve outcomes. Without new resources states are motivated to restrict eligibility, strictly enforce work requirements and impose harsh sanction on families that do not comply with work requirements. The proposal in HR 2959 and the Discussion Draft is fairer. It requires the state to spend more and will relieve some of the pressures that result in harsh outcomes to the families the program is designed to assist, though not all of them.

- **Recommendations for Improving Work Participation Measurement Redesign**

While we believe that these provisions offer a great deal to look forward to, we are concerned about a couple of details. First, we think that there should be more attention to the transition periods that will be required should reauthorization pass.

Second, given the significant changes to TANF proposed in this draft we support eliminating or waiving all prior TANF penalties and corrective compliance plans. Unless this is built into future versions of this bill it will compel states to pursue both corrective compliance plans under the current law and implement the changes proposed in HR 2959 and the Discussion Draft so as to meet the performance measures outlined in the draft. Given the opportunity for assisting recipients in HR 2959 and the Discussion Draft, Western Center supports focusing states on implementing the new provisions rather than trying to resolve the past.

In 2012 and 2013, California made major changes to the welfare to work plan. As we note below, many of the changes are consistent with provisions included in HR 2959 and the Discussion Draft. Among them are partially eliminating the core/non-core requirement, redesigning the upfront engagement of clients, creating a new on-line assessment tool to provide multiple work activity paths built around the needs of recipients and eliminating the bar on person with drug offenses. These improvements were coupled with short time limits for participating under the more relaxed welfare to work rules.

These reforms were implemented in most cases within six months of adoption by the Legislature. This meant that the time clock was ticking on recipients even though the state and the counties which operate our CalWORKs program were still putting the pieces in place. We were building the car while trying to drive it down the freeway. In retrospect, our state did not provide enough lead in time to make the changes made by our Legislature. Changes of the magnitude made in California or that are represented in HR 2959 and the Discussion Draft require state laws to be changed, budgets to be reconfigured, federal and state regulations to be vetted and approved, new forms to be promulgated and significant staff training. Moreover, these changes represent a cultural sea change in our approach to assisting poor families. It is simply unrealistic to think that administrators and staff can not only learn the new rules but learn how to use them in one year. We strongly encourage the committee to adopt a longer phase in for states before the HHS Secretary begins to measure work participation rates or outcome measures.

HR 2959 and the Discussion Draft would establish these new performance measures by reserving a portion of the TANF block grant from states. As Western Center understands the draft if the state did not meet the agreed upon milestones in the first year they would have one additional year to achieve it. But if the state failed in the second year, they would lose the TANF funding. Given that HR 2959 and the Discussion Draft is not proposing any increase in the TANF block grant (the base funding level has remained constant since 1997), reducing funding to states will reduce funding that can be used to provide basic assistance grants, child care and pay for work and educational activities. It may have the effect of limiting state's ability to meet the outcome measures.

Western Center instead proposes to give states work participation credits for positive outcomes. HR 2959 and the Discussion Draft already embrace this concept by providing a credit to states for recipients who achieve partial participation. This concept should be extended to an adult that exits welfare for employment and remains employed for the evaluation period. Western Center supports giving states work participation credits if the state achieves median income gains for former recipients. Western Center supports giving states work participation credit for additional outcomes such as:

- Increasing the percentage of poor families receiving assistance
- Participating in job training or education programs
- Reducing deep poverty among children
- Assisting families with Family Violence Option services , mental health services, learning disabilities, English proficiency and physical disabilities
- Increasing Participation in EITC by TANF recipients
- Moving children & adults unable to work consistently to SSI/SSDI

Finally, while we appreciate the new state performance measures, we believe that the timing of the measures should be reconsidered and drafted to better align with the Workforce Investment and Opportunity Act (WIOA) measures for ease of implementation and, like those measurements, should provide a longer period from which to evaluate success.

As we said above, we applaud HR 2959 and the Discussion Draft for recognizing the need for more meaningful methods of measuring states performance but we do not believe that an additional method of measurement is needed. Instead we support building in the outcome measurements into the existing work participation construct.

- **Work Participation Requirements Proposal in HR 2959 and the Discussion Draft**

The desire of states to avoid penalties by reducing caseload was reinforced by a rigid work requirement and mandatory sanction policies which in many cases have resulted in families falling into even deeper poverty. Since 1997 we have learned much about the debilitating effects of deep poverty on the brain development of young children and its' long term consequences for them as adults. [5] It is in the interest of both families and policymakers to stem the tide of children living in deep poverty.

HR 2959 and the Discussion Draft take some steps that will help families from falling into deep or deeper poverty. They require states to develop much more robust welfare to work plans than are currently required by federal law. California has already started down this path with major changes to our assessment and appraisal of family needs. Since 1997 TANF and, in our state, CalWORKs provided only one path for families, finding a job. While this approach worked for some families, it did not work for most. Instead our state is embracing multiple paths based on the individual needs of the client. In requiring more robust assessments of family needs, HR 2959 and the Discussion Draft take useful steps in this direction.

Another proposal to help–families succeed in TANF in HR 2959 and the Discussion Draft is to eliminate the core/non-core requirement and allow families to participate in services that are best suited to them. Many families who enter TANF are in crisis. They may not be ready for full-time work or may be at risk if they do participate in work. Allowing states to work with recipients to develop a plan that addresses the family as they are is critically important. But under the existing

[5] "The Long Reach of Childhood Poverty," by Greg J. Duncan and Katherine Magnuson, Stanford Poverty Center https://web.stanford.edu/group/scspi/_media/pdf/pathways/winter_2011/PathwaysWinter11_Duncan.pdf

core/non-core rules states had limited flexibility to meet families where they were. Western Center heartily endorses eliminating the core/non-core requirement.

Changes proposed by HR 2959 and the Discussion Draft to work activities, by expanding vocational education to 24 months will allow persons to get the training they need to get a job with a future. Allowing persons up to age 26 to participate by attending secondary school will help TANF adults gain the basic education they need to become employable or proceed further into education. Western Center supports these proposals.

Creating a new work activity for job readiness will help address a significant gap in the original TANF law and that was reinforced with the implementation of the TANF DRA provisions – many people have significant barriers to overcome before they are ready for either job search or employment. In California we have many recipients who are homeless or at risk of homelessness when they apply for assistance. Before they can participate in activities they need to have their lives stabilized. Many are escaping domestic violence or the end of a troubled relationship. Many have suspended driver's licenses due to unpaid traffic tickets that they cannot afford to pay.[6] Other individuals have barriers such as criminal records that need to be expunged before most employers will hire them. Some people need to have tattoo's removed that reflect one's past gang affiliations. All of these situations and more need to be addressed before persons can be expected to successfully participate in welfare to work activities. Unfortunately, in implementing the TANF DRA provisions, HHS barred states from being able to count these activities towards job/job readiness. HR 2959 and the Discussion Draft need to clarify that those regulations are expressly eliminated and provide states with broad flexibility to identify the activities that count towards job readiness.

***Open Issues in HR 2959 and the Discussion Draft***

- **Raising cap on number of persons who can meet work rate via education activities**

Education is the key to helping recipients obtain and maintain employment that will help them exit public assistance. Research shows that the higher level of educational achievement that a single mother achieves the more likely she is to be employed.[7] However, TANF currently caps the percentage of the caseload that can be meeting the employment requirements through education at 30 percent. This cap is an arbitrary standard that should be eliminated entirely. HR 2959 and the Discussion Draft propose to eliminate the core/non-core requirement for welfare to work plans. This provision applies to all adults who are required by federal or state law to participate in welfare to work activities.

Imposing a cap on how many of these recipients can participate in education will lead state program administrators to manage entrance into education to avoid breaching the cap. This means that some individuals will not get the opportunity to access education and training to gain a job which leads to self-sufficiency. Since CalWORKs was adopted the state has never exceeded the 30 percent cap and in most years less than 15 percent of recipients participated in educational activities. Still, the 30 percent cap is viewed as a policy statement that education is to be discouraged as a work activity and, we believe, it actively limits opportunities for parents to pursue certificate and degree programs that could eliminate their dependence on the program in the long term.

- **Elimination of marriage penalty**

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[6] "Not Just a Ferguson Problem: How Traffic Courts Drive Inequality in California," (May 2015) http://wclp.org/not-just-a-ferguson-problem-how-traffic-courts-drive-inequality-in-california/

[7] "Various Supports for Low-Income Families Reduce Poverty and Have Long-term Positive Effects," (July 30, 2013) Arloc Sherman, Danilo Trisi, and Sharon Parrott http://www.cbpp.org/research/various-supports-for-low-income-families-reduce-poverty-and-have-long-term-positive-effects

HR 2959 and the Discussion Draft call for an end to the TANF marriage penalty. While we support this provision, we do not think it goes far enough. Six states, including California, still employ a "child deprivation" test which denies aid to working-two parent homes if they work too many hours.[8] It is unfortunate that a family working 100 hours per week would still be poor enough to qualify for the program, but with wage stagnation at its peak, it happens more frequently now than it did in previous decades. What's worse is that existing law not only punishes families who are working hard to get ahead but receiving a low-wage, but it incentivizes families to split. This is because the same family would be eligible for aid if the primary wage earner left. Western Center has sponsored state legislation to repeal the policy which has received strong bi-partisan support. We encourage Congress to consider removing the ability of all states to employ this rule which disadvantages two-parent, working families.

- **Ending the Bar on Eligibility Of Persons with Prior Drug Convictions**

PRWORA enacted policy barring states from issuing TANF and Supplemental Nutrition Assistance Program (SNAP), benefits to people who were convicted of a drug-related offense after August 22, 1996.[9] Since then, the bar was removed, but states were given an option of whether to keep the restrictions in place. California was one of the states that chose to maintain this discriminating, lifetime bar until April of this year, when the law was repealed for everyone who is complying with their probation and parole. The repeal had editorial support from the New York Times and the Los Angeles Times and was supported by cities, counties, law enforcement and over 100 organizations throughout the state because it would reduce recidivism and crime and support parents who were trying to start over.

According to Pew Center on the States, with few or no job prospects, approximately two-thirds of those released from prison will be rearrested – and almost one-half will be re-incarcerated—within three years of their release. Research shows that 55 percent of incarcerated prisoners will live with their children upon release.[10] Although in some states children of adults who are banned remain eligible to receive TANF, the ban reduces the benefits received by the household. As a result, benefit levels for these families falls almost to a quarter of the Federal Poverty Line.

A report by the Reentry Policy Council of the Council of State Governments credits public benefits and job training as key contributors to successful prisoner reentry and recommends that states opt out of bans against people with prior drug-related felony convictions.[11] The Reentry Policy Council is a bipartisan working group with representatives of national associations of probation and parole, correctional administrators, courts, police, mental health and housing experts, among others.[12] Harvard's Bruce Western said that the costs to restoring access to benefits like SNAP and TANF, "..are offset by increased employment and reduced crime and correctional costs for program participants…Achieving these objectives will yield a sustainable public safety that overcomes the long-term negative consequences of criminal punishment and promotes the economic improvement of poor communities."[13]

A study of women probationers concluded that "women's challenges in the areas of education, family support, and self-efficacy, as well as relationship dysfunction, contributed to

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[8] The Urban Institute Databook shows how many states have 2-parent deprivation policies: http://anfdata.urban.org/databook_tabs/2012/I.B.2.XLSX

[9] The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PL 104- 193). Sec. 115 AB 1260 (Ashburn) – Chapter 284, Statutes of 1997

[10] http://bjs.ojp.usdoj.gov/content/pub/pdf/iptc.pdf

[11] Report of the Re-Entry Policy Council: Charting the Safe and Successful Return of Prisoners to the Community. Council of State Governments. Reentry Policy Council. New York: Council of State Governments. January 2005,

[12] http://www.reentrypolicy.org/about/reentry_policy_council

[13] Western, Bruce. 2008. "From Prison to Work: A Proposal for a National Prisoner Reentry Program." (Washington, DC: The Brookings Institution, 2008) 3-5

employment/financial difficulties and subsequent imprisonment." Research on reoffending patterns among women found that state-sponsored support programs, especially services related to job training, health, education and housing that address short-term economic needs, reduce the odds of recidivism by 83 percent. [14] Several states have found that, by increasing access to poverty ameliorating assistance, they can reduce criminal activity among the re-entry community and, therefore, recidivism.[15] California's Senate Committee on Appropriations analysis asserted that a reduction in recidivism resulting in the repeal of the law will result in a reduction in state corrections costs and local government costs related to jailing and supporting successful re-entry.

We recommend that Congress consider entirely removing this lifetime ban for anyone who has successfully completed or is complying with the conditions of their probation or parole.[16] Continuing to keep the ban in place is only punishing parents who would otherwise participate in Welfare-to-Work as parents who do participate are already not eligible.

***Provisions Missing From HR 2959 and the Discussion Draft***

While we understand that the Discussion Draft is not intended to be comprehensive and if a Reauthorization is to be successful, it will likely not include all of the proposals we would offer, we think it is important to raise them as this may be our only opportunity before the next reauthorization. Below are additional reforms we would like the committee to consider.

- **TANF Should Establish State Min. Cash Assistance & Support Services Expenditures**

When the AFDC program and the federal entitlement to assistance for poor families were repealed by the passage of TANF, families lost a critical legal protection that prevented many families from falling into deeper poverty. Even without an entitlement to aid, the TANF block grant and the MOE requirement were a source of funding that were intended to be spent to assist the poorest families. Sadly, this did not happen. After TANF was passed, states took advantage of the flexibility on the use of both TANF and MOE funds to significantly shrink funding for basic cash assistance, work activities and child care. States had an incentive to enact rigid eligibility standards and severe sanction policies to reduce the caseload so that funding could be diverted to other state uses.

While California has done better than almost all states in using TANF and MOE funds for their intended purpose, California diverts between $800 million and $1 billion a year from the TANF/MOE funding stream to fund state operations that are not directly provided to CalWORKs families. If these funds were not being diverted the CalWORKs grants in California could be raised so that no family was living in deep poverty and the repeal of the state's Maximum Family Grant Rule could be easily funded. HR 2959 and the Discussion Draft are silent on whether the artificial barriers to success that were promulgated after the DRA (listed below) are to be continued. We believe they should not.

- ACF added child only Safety Net cases into the federal work rate even though the parent has used up the 60 months on aid and is no longer receiving federal assistance.
- ACF narrowly defined allowable work activities including job readiness activities, vocational ESL and limited duration and scope of subsidized employment with private sector.
- ACF denied the ability to count Domestic Violence counseling as work preparation.
- ACF denied the ability for states to make "reasonable accommodations" to federal work requirements under the Americans with Disabilities Act but instructed states to comply with it.
- ACF required disabled and needy grandparents to work, families that California exempts.

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[14] Holtfreter, Kristy, Michael D. Reisig, and Merry Morash. "Poverty, State Capital, And Recidivism Among Women Offenders*." Criminology & Public Policy 3.2 (2004): 185-208. Print. http://olms.cte.jhu.edu/olms/data/resource/6080/HOLTFRETER-POVERTY%20AND%20RECIDIVISM.pdf

[15] http://www.ccjrc.org/pdf/CO_Reducing_Recidivism_Report.pdf

[16] Short of full repeal, we would recommend consideration of the bi-partisan REDEEM Act The REDEEM Act of 2015 S. 675 https://www.congress.gov/bill/114th-congress/senate-bill/675/all-info

- Imposed confusing, burdensome and costly documentation and verification requirements on participants, counties, employers and providers in educational activities.

- **TANF Child Exclusion Laws Should Be Banned**

California is one of 14 states that still employ a Child Exclusion or Family Cap rule in their TANF Program. California's program, however, employs a unique version of the rule, denying basic needs assistance to a child aid based on the facts of their conception. This rule, known as the Maximum Family Grant (MFG) rule and denies aid to a child if any member of the infant's family was on aid when the child was conceived unless their parent was using the specific form of birth control listed in state law (sterilization or inter-uterine devise) and a doctor attests that the baby's conception was due to the failure of that method. Additionally, if a woman becomes pregnant as a result of rape or incest, the MFG rule does not apply provided she reported the incident within 12 months. The stated goal of the MFG policy is to reduce the reproductive options and births among welfare recipients. While decades of research have shown definitively that these types of "child exclusion" rules are not effective in reducing the incidence of births or the caseload in state TANF programs, the rule asserts unacceptable restrictions on women's reproductive freedom, using economic coercion (access to a basic needs grant for their child) to limit contraceptive choice and require disclosure of private reproductive health information. In short, TANF should require that all children in an eligible household be aided and should not allow states to condition financial assistance for a child on its mother's decision to use contraception or to disclose a sexual assault.

- **TANF Should Better Serve Veteran Families and Surviving Family Members**

As far as we can tell, TANF never considered the unique situation of veterans with children and survivors. In California, we have been working to address some of the program oversights and suggest that Congress consider doing the same. These include: (a) honoring VA determinations of disability; (b) referring veterans to veteran service providers; (c) support vocational options for veterans & survivors by clarifying income & resource exemptions for all GI Bill related income.

- **TANF Should Do More to Reduce Infant Mortality & Support Healthy Outcomes**

TANF allows states to determine whether or not it serves pregnant women and at which trimester. This, despite the fact that low-income pregnant women are especially likely to experience discrimination, as employers may refuse to provide the accommodation necessary to enable a woman to work throughout her pregnancy[17] and more likely to be victims of domestic violence.[18] Delaying basic needs cash assistance for very low-income pregnant women not only impacts the health of children born into deep poverty, but it also endangers the health and wellbeing of pregnant women. Not ensuring uninterrupted supportive services to women experiencing multiple stressful situations during their pregnancies may increase complications in their pregnancies and premature labor. Because maternal stress increases pre-term birth, morbidity and the likelihood a child will be born with a short-term or even lifelong disability,[19] Congress should direct states to serve pregnant women and fund them to do so.

- **TANF Should Require States Certain Child Support Standards**

Current TANF law allows states to determine whether and how much child support to pass through to custodial parents and many states have chosen not to pass through any or to only pass through a minimal amount.[20] The Deficit Reduction Act of 2005 (DRA, P.L. 109-171) provides incentives for

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[17] National Women's Law Center and A Better Balance, "It shouldn't be a heavy lift: fair treatment for pregnant workers." 2013. Available online at: http://www.nwlc.org/sites/default/files/pdfs/pregnant_workers.pdf

[18] Bohn, D.K., "Domestic Violence and Pregnancy. Implication for Practice." Journal of Nurse Midwifery 1990 Mar-Apr 35(2):86-98.

[19] http://www.jstor.org/stable/30013020

[20] http://www.clasp.org/resources-and-publications/publication-1/PassThroughFinal061209.pdf, http://anfdata.urban.org/databook_tabs/2010/IV.A.2.xls, and http://www.urban.org/publications/411595.html

states to allow more of the child support collected on behalf of TANF families to go to the family without a reduction in welfare benefits. Under DRA, the federal government shares in the cost of passing through up to $100 per month for a family with one child, and up to $200 per month for a family of two or more children, of collected child support to TANF families. A report by the Congressional Research Services illustrates that the impact of a higher pass-through to TANF families has a significant positive effect on these families. Higher pass-through rates are also expected to increase participation among non-custodial parents. Congress should consider requiring states to maximize child support pass-through and should clarify that child-support paid by a TANF parent to support a child out-side of that TANF household should never be considered available income to the children in the TANF household.

- **TANF Should Require (and Fund) States to Provide Time-Limit Relief During Recession**

Current TANF law allows states to determine whether and how much child support to pass
Federal law allows state to provide aid to low-income parents and children. While federal law allows for 60 months of eligibility for adults, many states restrict families to less months of lifetime eligibility. In California, adults are limited to 48 months in a lifetime and welfare-to-work services to 24 months in a lifetime, with some exceptions. Adult TANF recipients, with some exceptions, must participate in work activities as a condition of receiving cash benefits.

Under TANF, there are no waivers from the work requirement during recessionary times. This means that, during the 18 months of economic recession since the inception of the CalWORKs program, very poor parents with multiple barriers to work were required to participate in employment activities even when unemployment was very high, reaching over 40% in those California communities where CalWORKs participation is concentrated (in the Central Valley).[21] During this time, some CalWORKs recipients reported to our organization about how humiliating it was to report to the mandatory job-search portion of their welfare-to-work program only to spend the day calling companies in search of jobs that everyone knew didn't exist. Requiring participation in welfare-to-work during a recession means that more families face a sanction during unbearable economic times, pushing the family further into deep poverty and impairing the ability of their family to overcome the long-reaching impact of a recession. What's more, making families vulnerable to sanctions related to work during a recession has a negative impact on the economies of already vulnerable communities. According to a report by Beacon Economics reducing CalWORKs expenditures has a negative consequence for local economies in which both program recipients live.[22] These findings are consistent with those published by national economists at Moody's and very strongly assert that reducing safety net benefits during a federally declared recession is not only bad for the long-term health of children served by the program and for the long-term health of our economy. Finally, alleviating families of welfare-to-work requirements during a recession or in a federally declared work-surplus area would relieve caseworkers of the time to oversee their compliance. This is significant because, during a recession, there are more families that seek assistance and less money to serve them with. The cost pressures associated with these dynamics on the program were so significant that, during the last recession, then California Governor Arnold Schwarzenegger actually proposed terminating the program altogether.[23]

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[21] Henry S. Farber, "Job Loss in the Great Recession: Historical Perspective from the Displaced Workers Survey, 1984-2010," (May, 2011) http://www.nber.org/papers/w17040

[22] See Spending on County Human Service programs in California: An Evaluation of Economic Impacts, March 2009, http://cfpic.org/downloads/CFPIC_Beacon_report09.pdf According to this report, every dollar in state funds spent on CalWORKs generates an additional $1.43 in economic stimulus.

[23] In January 2010, California Governor Arnold Schwarzenegger proposed to eliminate the CalWORKs program, then serving 1.9 million, if the federal government did not approve $6.9 billion in additional federal funds and federal flexibilities. http://www.cdss.ca.gov/cdssweb/entres/pdf/CDSS_Budget_Summary.pdf

Western Center would like to see more relief for families who have met their 60 month, especially when any portion of those months were spent during a federally declared recession or in a federally declared work surplus area. The fact that the program has no considerations for economic impacts that result in employment beyond the influence of state, and certainly participants, is one of its cruelest features.

***TANF Alone Cannot End Poverty among Families or Protect Children from Long-Term Harm***

Most poor families with working-aged adults are working families. Here in California, according to the Public Policy institute of California, 78.2% of low-income people live in a working family. While we support increasing subsidized jobs for low-income families who rely on TANF proposed in the Discussion Draft, it will have little impact in eliminating working-poverty unless federal law makers also pass laws to ensure that a day's work brings an honest wage, one that will pay for the basic costs of living, and that unemployment benefits are available when jobs are not. Until that is accomplished, low-income workers need workplace protections to prevent long-term impacts of poverty, like: Paid Sick Days, Schedule Fairness, Paid Family Leave, and Affordable Child Care.

***TANF Reauthorization Should Prioritize Goal of Reducing Child Poverty***

In summary, Western Center on Law and Poverty supports many of the accountability measures included in the TANF Reauthorization Discussion Draft and we also support the goal of reauthorizing TANF, rather than simply extending it. Provided the reauthorization can be accomplished without adding additional harmful and mean-spirited measures. While we would have liked to have a more robust conversation about poverty and deep poverty, the impact both are having on families and children, and promising practices to support health and wellbeing of people living in poverty and improve opportunities for low-income families to exit poverty, we are satisfied that, for the most part, the proposals in the working draft will move the program forward in a modestly positive direction. We thank you for your consideration of our comments and respectfully reserve the right to submit additional thoughts and considerations as the reauthorization progresses. Please do not hesitate to contact us should you have any questions at all.

***About Western Center on Law and Poverty***

For more information about Western Center, go to www.wclp.org. For more information about our TANF Reauthorization priorities or positions, contact us:


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|---|---|
| **From:** | Zeva |
| **To:** | Submissions, Ways and Means |
| **Subject:** | About welfare |
| **Date:** | Monday, July 13, 2015 3:17:09 PM |

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Dear members.

I am writing to tell you a story about when I was on welfare in 1974 and to urge you to fund welfare.

I had a three-year-old whose father abusive to my daughter and me. My family was not able to help. My daughter was traumatized and I could not find child care that fit her needs. Therefore I needed to depend on welfare for 6 months.

Finally I was able to stabilize myself to find a job and a home.

My career put me in contact with many families on welfare. I never saw anybody abuse it. I saw people use it well.

In the long run helping those who need help benefits society and saves money.

Sincerely.
Zeva Longley
San Rafael. Ca